



# American Warmblood Registry

P.O. Box 1332 DeLeon Springs FL 32130

Phone (561) 693 5516

info@americanwarmblood.com www.americanwarmblood.com



## Order Form for Fragile Foal Syndrome Type 1 Test

NAME OF HORSE OWNER: \_\_\_\_\_ AWR MEMBER: AWR \_\_\_\_\_  
Non-member pays double.

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

### I herewith order one FFS Test for my horse.

REGISTERED NAME: \_\_\_\_\_

REG # : \_\_\_\_\_ MICROCHIP # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

My horse has already been DNA typed at UC Davis through AWR. Please use the available material for FFS testing (**fee is \$40.00**).

**Note:** The FFS test can also be carried out in the course of DNA typing/parentage verification when a new horse is registered (add **\$35.00** to DNA typing charges)..

### Payment Information

\_\_\_\_\_ Check (enclosed)    \_\_\_\_\_ Money Order (enclosed)    \_\_\_\_\_ VISA    \_\_\_\_\_ M/C

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_    3-digit security code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Date/Signature: \_\_\_\_\_ / \_\_\_\_\_