



ABN: 41 000 964 643

PO Box 979, Tamworth 2340
Ph: 02 67626444 Fax: 02 6762 6422
Email: qhorse@aqha.com.au
www.aqha.com.au

Name: Reg:
DOB: Sex:
Colour:
Sire:
Dam:
Testing required:

IDENTIFICATION FORM FOR GENETIC TESTING

OWNERS NAME:

OWNERS M/SHIP NO:

OWNERS ADDRESS:

If markings, brands or whorls have changed since original registration application, then you must draw all white markings and brands and mark whorls on head and neck with an X.

DECLARATION: I hereby declare that the information recorded on this form, is true and correct and that the collection of hair samples from this horse was carried out according to the instruction and procedures as prescribed by the AQHA.
I acknowledge and understand that other genetic testing of this sample may occur, including Parentage Verification and/or DNA comparison testing. The results will be displayed on the AQHA web site and on the horses Certificate of Registration.
Owners Signature:
Date:
Witness Name:
Signature:
NB: If hairs are pulled by someone other than the owner of the horse being tested, please supply name and signature:
Name:
Signature:

Please send this completed signed form to the AQHA, PO Box 979, Tamworth NSW 2340 and send the GENETIC TESTING FORM, with hair sample, to the EGRC, P O Box 433, SCONE NSW 2337

PLEASE DO NOT FOLD THIS FORM ON THE MARKING PICS

