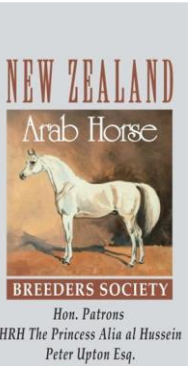


Equine Parentage and Animal Genetics Services Centre

ARABIAN HORSE – GENETIC Test Submission form



SUBMITTER: Name		BILLING: Name	
Postal Address		Postal Address	
Phone		Phone	
Email		Email	

✓

✓

Please send copy of results to NZAHBS	arabnewzealand@xtra.co.nz	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please tick ✓ the tests required and Payment option.

Arabian Equine

✓

<input type="checkbox"/> Please Invoice	<input type="checkbox"/> Paid by Cheque	<input type="checkbox"/> Hair Sample Enclosed	<input type="checkbox"/> Use Existing hair samples for testing if possible
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NZAHBS REGISTRATION NUMBER	ARABIAN HORSE - ID HORSE'S REGISTERED NAME	SIRE & DAM	ARAB 3p	SCID ONLY	LFS ONLY	CA ONLY	Lab Number (Lab to fill out)
			\$95	\$35	\$35	\$35	

Further tests available via the Massey University website.:

www.massey.ac.nz/massey/learning/colleges/college-of-sciences/clinics-and-services/equine-parentage-animal-genetics/equine-tests.cfm

Massey University accepts no liability for the accuracy of animal's information which is supplied by the sample submitter and the submitter verifies that the animal information submitted on this form is true and correct.

Submitter sign: _____ **Date:** _____

Address to send samples:

Equine Parentage & Animal Genetic Services Centre
Drysdale Drive
Massey University PN811, Palmerston North 4472

Please enclose payment with your samples.

(Cheques made out to 'Massey University' please)