



# REQUEST FOR GENETIC COLOR TESTING KIT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ Email: \_\_\_\_\_

### REGISTERED HORSE:

Horse name: \_\_\_\_\_ Reg. #: \_\_\_\_\_

### UNREGISTERED HORSE:

Date Foaled: \_\_\_\_\_ Sex: \_\_\_\_\_

Dam: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Sire: \_\_\_\_\_ Reg. #: \_\_\_\_\_

### COLOR TESTS REQUESTED (\$40 per test)

Red Factor and Agouti

Red Factor

Agouti

Lethal White Overo

Cream Dilution

Pearl Dilution

Silver Dilution

Sabino 1

Tobiano

Champagne

Gray

Dominant White

Splashed White

Dun Zygosity

Roan Zygosity

#### Method of Payment:

\* 3% Processing fee will be added to all ASHBA credit/debit card transactions.

Total Due: \$ \_\_\_\_\_

Check (payable to ASHBA) **OR** Visa, MasterCard, Discover, AMEX

Credit/Debit Card #: \_\_\_\_\_ CCV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Return completed form by email to [registry@saddlebred.com](mailto:registry@saddlebred.com), fax or mail to:

ASHBA

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Lexington, KY 40511