



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 (\$60 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, fax or mail to:

ASHBA

4083 Wing Commander Way, Suite 50
Lexington, KY 40511

QUESTIONS?: (859) 259-2742 . FAX (859) 259-1628 . registry@saddlebred.com . www.saddlebred.com