EQUINES OF AMERICA P.O. BOX 270041

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		S, TX 75227)564-0732	
REGISTRATION APPLICATION			DATE:
Owner's name:			······································
Address	city	state	zip code
Phone number INFORMATION ABOUT EQUINE	email address YOU ARE REGISTERING:		Ranch Name (optional)
Name (choice 1)	·	choice 2 if choice 1 is not available)	
(Date of birth)	MARE / STALLION / GELDI (choose sex)	(date gelded)	(color)
(markings/brand)		(microchip nun	nber) MANDATORY
BREEDING INFORMATION			
SIRE:			
DAM:			
WRITE UNKNOWN. IF A COPY O AUTOMATICALLY BE ENTERED A MARE OWNER AT TIME OF BREE	S "UNKNOWN".	ON IS NOT SUBMITTED W	(phone number)
(Address)	(city)	(state)	(zip code)
Service Dates:		ED BY: <u>LIVE COVER</u>	PASTURE□ EMBRYO TRANSFER□
STALLION OWNER AT TIME O	F BREEDING: (name)		(phone number)
(address) (city)	(state)	_	(zip code)
	n the rightful owner(s) of t	the horse being registered	led on this form is to the best of my . I understand that the equine may be
► Signature		Da	te
➤ Signature		Da	te

Payment in full is due at the time of form submission.

- Please print and fill out the entire form.
- We can send you a PayPal invoice.
- You can send in a check with the Application payable to "Equines of America LLC"
- Use blue or black ink (NO pencil)
- Must be legible.
- EOA is not responsible for errors resulting from typographical or illegible handwriting.
- PLEASE INCLUDE PHOTO(S) OF THE HORSE YOU ARE REGISTERING. Email Equinesofamerica@yahoo.com

WHO IS ELIGIBLE?

• Drafts/Horse • Ponies • mules • Donkeys • Zebras • crosses

ALL SINGLE GENETIC TESTING IS \$45

PLEASE MARK THE LEFT BUBBLE ON THE CORRECT TEST YOU WISH TO ADD.

- Androgen Insensitivity Syndrome (AIS)
- Cerebellar Abiotrophy (CA)
- Congenital Stationary Night Blindness (CSNB)
- Congenital Stationary Night Blindness (CSNB2)
- o Connemara Pony Hoof Wall Separation Disease
- Distichiasis
- Equine Familial Isolated Hypoparathyroidism (EFIH)
- o Foal Immunodeficiency Syndrome (FIS)
- o Fragile Foal Syndrome (FFS) Type I
- o Friesian Horse Dwarfism
- Friesian Horse Hydrocephalus
- Glycogen Branching Enzyme Deficiency (GBED)
- o Hereditary Equine Regional Dermal Asthenia (HERDA)
- Hyperkalemic Periodic Paralysis (HYPP)
- o Junctional Epidermolysis Bullosa (JEB1) in Belgians
- o Junctional Epidermolysis Bullosa (JEB2) in Saddlebreds
- Lavender Foal Syndrome (LFS)
- Malignant Hyperthermia (MH)
- Multiple Congenital Ocular Anomalies (MCOA)
- Myosin-Heavy Chain Myopathy (MYHM)
- o Naked Foal Syndrome in Akhal Teke
- o Ocular Squamous Cell Carcinoma (SCC) Haflinger and Belgian Horses
- Polysaccharide Storage Myopathy (PSSM1)
- Severe Combined Immunodeficiency (SCID)

TOTAL FEES (US FUNDS ONLY) \$					
PAYMENT Check # Money Order #:					
Credit Card: VISA \square Mastercard \square Discover \square American Express \square					
Card #: Exp:					
Signature: Date:					
☐ SEND ME A PAYAPAL INVOICE TO THIS EMAIL:					

FOR OF	FICE USE ONLY
APPROVAL CODE:	
APPROVAL DATE: _	

DNA SAMPLE FORM

The easiest way to get DNA from a horse is to pull hair from the mane or tail with the root intact, DO NOT CUT. Pull 30-40 hairs, do not touch the roots. For young foals, hair from the tail is preferred. Long strands of hair is not necessary, DNA is extracted from the roots. Hairs must be pulled straight out to ensure follicles come out of the skin. It may be best to pull 5-10 hairs at a time rather than larger amounts. Do NOT tape over the roots, but 1-1.5 inches away from the roots, then fold this paper to ensure the roots are not exposed. Fill the form completely and at the bottom of the form or paper, tape the hair sample to the paper with clear tape, or just put the hair in the envelope with information on the outside. Do not tape over follicles.

Place roots here DO NOT TAPE OVER ROOTS	Tape hair here	Coil hair here if necessary							
OWNER CONSENT: I (owner/vet/agent signature) hereby allow Equines of America to archive the DNA from this animal for registration and/ or genetic testing purposes.									
OWNER NAME	но	HORSE NAME							
Address	city	state	zip code						
Phone number	email address	Ranch Name (optional)							
I hereby declare that the DNA SAMPLE provided on this form was from the horse listed above. I understand that the equine may be removed from the registry if inaccurate information is discovered.									
► Signature		Date							

CHECKS CAN BE MADE OUT TO EQUINES OF AMERICA LLC. PLEASE SEND THIS FORM AND SAMPLE TO

EQUINES OF AMERICA

P.O BOX 270041

DALLAS, TX 75227