

## Paso Fino Horse Association, Inc.

101 N. Collins St. Plant City, FL 33566-3311

(813) 719-7777 Fax (813) 719-7872

[www.pfha.org](http://www.pfha.org)

### DNA and BLOOD TYPING KIT ORDER FORM

#### **Owner Information:**

Membership #: \_\_\_\_\_

Farm or Business (if applicable): \_\_\_\_\_

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

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**Payment:      \$55 per kit - Members      \$110 per kit - Non-Members**

**Please DO NOT send cash.**

Check One: *Check*     *Visa*     *MasterCard*     *Amex*

Check #: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

#### **Shipping Instructions:**

Please check box if shipping address is different than Owner's address:

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

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Country: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

*Shipping Instructions: DNA & Blood Typing kits are shipped US Postal Mail unless otherwise indicated. If requesting UPS, a physical address MUST be given. Any additional shipping charges will be the responsibility of the receiver.*

#### **Special Shipping Instructions:**

\_\_\_\_\_  
\_\_\_\_\_

**BACK SIDE MUST BE COMPLETED TO OBTAIN A TEST KIT !!!!!!!**

**PLEASE INDICATE BELOW IF YOU NEED A DNA OR BLOOD TYPING KIT.**

This request is for a DNA kit \_\_\_\_\_ This request is for a Blood Typing kit \_\_\_\_\_

**Horse Information** (Foal or Horse Being Tested)

The information below **MUST** be completed to obtain a DNA or Blood Typing kit.

Name: \_\_\_\_\_ PFHA Registration #: \_\_\_\_\_  
(if registered)  
Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

**DAM**

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

PFHA registration #: \_\_\_\_\_  
Please check here if she is not registered with the PFHA: \_\_\_\_\_

*For Office use only:*  
Lab #: \_\_\_\_\_

**SIRE**

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

PFHA registration #: \_\_\_\_\_  
Please check here if he is not registered with the PFHA: \_\_\_\_\_

*For Office use only:*  
Lab #: \_\_\_\_\_

**THE KIT YOU ARE ORDERING IS FOR GENETIC TESTING ON THE ABOVE HORSE ONLY !!**

*For Office use only: Check One:*    Permanent File     Parent Verification

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Sent By: \_\_\_\_\_ Date: \_\_\_\_\_