

Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3702 registration@pfha.org

DNA Kit Order Form

OWNER INFORMATION PFHA MEMBERSHIP NUMBER:			☐ Check here if you are not a PFHA Member		
Last Name:	First Name		Middle Initial		
Address:					
City:	State:	Zip:	Countr	y:	
Home Phone:	Cell:		Work:		
Fax:	Email:				
HORSE & TEST INFORMATION					
Horse's Name:					
Reg # (IA): Date	e of Birth (IA):	//	(mm/dd/yyyy) C	olor:	
Sex of Horse: \square Mare \square Gelding \square Stallion	٦			5 Off 11 O I	
$\hfill\square$ Check here for a comparison test if applica	nt horse is a rescue	or identity is	unknown.	For Office Use Only:	
Sire's Name:		Sire's Reg	. #:	DNA#:	
☐ Check here if sire is not reg	istered with PFHA				
Dam's Name:		Dam's Re	eg #:	DNA #:	
☐ Check here if dam is not re	gistered with PFHA				
□ DNA kit by e-mail \$55 per kit NM \$105 □ DNA kit by mail \$65 per kit NM \$115	IA kit by e-mail \$55 per kit NM \$105				
PAYMENT METHOD (no cash or Discover cards	accepted) 🗆 Ched	ck/Money O	der 🗆 Visa 🗖 Master(Card	
PAYMENT AMOUNT \$ CARDHOLI	DER NAME				
CARD NUMBER		EXP. DA	ΓΕ SE	CURITY CODE	
CARD HOLDER'S SIGNATURE:					
SHIPPING ADDRESS (IF DIFFERENT FROM OWNER	R'S ADDRESS)				
Last Name:	First Name_			Middle Initial	
Address:					
City:	State:	Zip:	Country	<i>y</i> :	
Email:					
INSTRUCTIONS					

- 1. This form is used to request a DNA kit from the Association. DNA results are required for a horse to be registered with PFHA.
- 2. Mail, email or fax this form to PFHA at the address below:

Mailing: 1003 Twilight Trail Suite 2, Frankfort, KY 40601

Email: registration@pfha.org Fax: (859) 689-3702

- 3. Once your order has been received and processed, you will be mailed or emailed the DNA kit for the above referenced horse.
- 4. A 3% convenience fee on all credit card transactions will be applied