



# Paso Fino Horse Association, Incorporated

4067 Iron Works Parkway, Lexington, KY 40511 (859) 825-6000 FAX (859) 258-2125 www.pfha.org

## DNA and BLOOD TYPING KIT ORDER FORM

**OWNER:** PFHA MEMBERSHIP NUMBER: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Farm or Business (If applicable) \_\_\_\_\_ Farm's PFHA Number \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**HORSE BEING TESTED:** Horse's Name: \_\_\_\_\_  
 Horse's Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) Color: \_\_\_\_\_  
 Sex of Horse: Mare  Gelding  Stallion  (Please circle one)  
 Dam's Name \_\_\_\_\_ Dam's PFHA Registration Number: \_\_\_\_\_  
 Please check here if dam is not registered with PFHA:   
 Sire's Name \_\_\_\_\_ Sire's PFHA Registration Number: \_\_\_\_\_  
 Please check here if sire is not registered with PFHA:

For Office use
Lab # _____
Lab # _____

THE DNA KIT YOU ARE ORDERING IS FOR GENETIC TESTING ON THE ABOVE HORSE ONLY.

**METHOD OF PAYMENT:** (Do Not send cash.)  Check/Money Order Payable to PFHA  VISA  MASTERCARD  AMEX  
 Amount Due if kit is sent via email: \$55 per kit for Members  
 Amount Due if kit is sent via US Postal Service: \$65 per kit for Members  
 Amount Paid \$ \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Card Holder's Name: \_\_\_\_\_  
 Card Holder's Address: \_\_\_\_\_  
 Card Holder's City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Card Holder's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Card Holder's Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Card Holder's Signature: \_\_\_\_\_

**SHIPPING ADDRESS IF DIFFERENT THAN OWNER'S ADDRESS:**  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Farm or Business (If applicable) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 DNA kits are shipped US Postal Mail unless otherwise indicated. If requesting UPS, a physical address, not a Post Office Box, must be given. Any additional shipping charges will be the responsibility of the receiver.  
 Special Shipping Instructions you have: \_\_\_\_\_  
 \_\_\_\_\_

**For PFHA Office Use:**  
 Check one: Permanent File  Parent Verification   
 Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_(MM/DD/YYYY)  
 Sent By: \_\_\_\_\_ Date: \_\_\_\_\_(MM/DD/YYYY)

**INSTRUCTIONS:**  
 1. This form is used by the member to request a DNA and Blood Typing Kit. The kit is required for a member to register a paso fino with the Paso Fino Horse Association.  
 2. Mail this form and payment to:  
 Paso Fino Horse Association; 4067 Iron Works Parkway, Lexington, KY 40511