## Pony of the Americas Club Inc.

## **Genetic Testing Request**

Pony/Horse	Name:				
Registration #:		Foaling Date:			
Mare:	Stallion:	Gelding:	POA:	Oth	ner:
	IF other t	han POA, send a copy o	f both sides o	f the Certificate of R	egistration
Sire:		Reg.#	Dam:		Reg.#
E-Mail Kit to	o: (Must Be Current	Owner or Lessee of	Record)		
Name:					
Mailing Add	ress:				
City/State					Zip:
E-Mail Address: (Required)					Phone#
DNA:Ponies only need to be DNA tested once					\$40
НҮГ	PP:				\$50
Parent Verification:					\$40
LP/	PATN1:				\$45
5 P	5 Panel:PSSM1, GBED, HERDA, HYPP, MH				\$90
Appaloosa Panel:LP, PATN1, Red Factor, Agouti, Splashed White				te, Dominant White	\$65
Total Enclosed:					\$\$
Payment:	Check \	/isa Master	Card (Cir	cle One)	
	Cre	dit Card Fee is 3% of t	he total or \$	5, whichever is gre	eater
Card Number:Exp. Date:				Sec. Code:	
Name on Car	rd:				
Billing Addre	ess:				
Authorized					

Return this completed form and payment to:

Pony of the Americas Club Inc. – 3828 S. Emerson Ave. – Indianapolis IN. 46203

Office: 317-788-0107 Fax: 317-788-8974 www.poac.org.