



## Application for DNA Testing

Applicants/Owners must be full financial members of the AWHA Ltd.  
Please print: applications that are unclear will be returned!

I am a current financial member of the AWHA Ltd and wish to apply to have my horse DNA tested to validate parentage. I have enclosed the fee of **\$90.00** (inclusive of GST\*).

Registered name: \_\_\_\_\_ Registration number: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Colour: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

<p>Please tick applicable box:</p> <p><input type="checkbox"/> <b>Full parentage validation</b> (sire and dam must have DNA profile at lab)</p> <p><input type="checkbox"/> <b>Parentage validation to sire</b> (stallion must have DNA profile at lab)</p> <p><input type="checkbox"/> <b>Parentage validation to dam</b> (dam must have DNA profile at lab)</p> <p><input type="checkbox"/> <b>Validation only</b> (neither parent has DNA profile)</p> <p><input type="checkbox"/> <b>Fragile Foal Syndrome</b> (additional \$30 inc. GST*)</p>
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I/We understand that upon payment of the DNA testing fee (\$90.00 inc. GST or \$120 inc. GST with FFS testing), I/we will receive the collection forms which will be sent to the laboratory with the sample collected by my Veterinary Surgeon at my own expense.

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

Applicant's Signature: \_\_\_\_\_

Postal Address: \_\_\_\_\_

M/Ship No.: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* Fragile Foal Syndrome – Type 1 (FFS1) testing is available for an additional \$30 inc. GST when carried out at the time of parentage / validation testing.

### HOW TO PAY INFORMATION

**POST:** Please mail your **signed** form and cheque/money order made payable to the **AWHA Ltd** addressed to **AWHA Ltd, DNA Testing Application**, P.O. Box 86, Harrisville, Queensland, 4307.

**EFT:** Please transfer funds to the **AWHA Ltd**, Commonwealth Bank, **BSB:** 065-522, **Account #:** 1005 4555. Please include your name in the payment details. Please **email** your **signed** form **and remittance of payment** to [registrar@awha.com.au](mailto:registrar@awha.com.au)

**This form becomes a tax invoice on payment. Please copy for your records.**