



Canadian Friesian Horse Association

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FILL IN FORM ONLINE, PRINT AND MAIL TO HEAD OFFICE

Application for DNA Testing Kit &/or Microchip

Name of Owner: _____ Phone #: _____

Address: _____ Postal Code: _____

Email address: _____

Request for DNA Kit (\$45.00): _____ Request for Microchip (\$20.00): _____

Name of Horse: _____ Registry: _____ DOB: _____

Gender (S, M, G): _____ Reg.No: _____ Microchip No: _____

Color: _____ Markings: _____

Breed of Horse: Friesian: _____ Arabo-Friesian: _____ Friesian Sporthorse: _____

Horse to be tested for: DNA: _____ (or) DNA + Parents Verification: _____ (or) Red Gene: _____

Sire: _____ Registry: _____ Reg. #: _____

DNA Marker report available: NO _____ YES _____ (please provide copy or Report No) _____

Dam: _____ Registry: _____ Reg. #: _____

DNA Marker report available: NO _____ YES _____ (please provide copy or Report No) _____

Please note: when testing your horse for "Parents Verification" the lab needs to get a DNA Marker Report from one or both parents or you have to apply for a DNA kit for the parents as well.

Name: (please print) _____ Date: _____
(Owner, Lessee or Authorized Agent)

Signature: _____
(Owner, Lessee or Authorized Agent)

Please Note: The DNA Kit & instructions will be **emailed** to you. The Microchip & instructions will be **mailed** to you. Please provide a copy of the instructions to the veterinarian who is doing the implantation. A certified veterinarian **MUST** implant the microchip. After implantation the chip should be scanned and verified. Please make sure to record the number and place the sticker on this Microchip application. Save a copy of this form for your records. Please send this original completed application with the fees to Canadian Friesian Horse Assoc. (address above). Payment may be made by Cheque or PayPal.

Name of Veterinarian: _____ Phone # _____

Address of Veterinarian: _____

Date DNA sample taken: _____ Date Microchip implanted: _____

Place microchip sticker here: _____ Signature of Veterinarian: _____