



DNA MARKER REPORT RELEASE FORM

2720 W. Pullman Road, Moscow, ID 83843 ♦ (208) 882-5578 ♦ www.appaloosa.com ♦ registration@appaloosa.com

This form and a \$10 release fee (payable to the ApHC) must be returned to: Appaloosa Horse Club, 2720 W. Pullman Road, Moscow, ID 83843.

THE UNDERSIGNED, being the current recorded owner of the registered horse:

Horse's Name: _____, Registration Number _____, hereby authorizes the APPALOOSA HORSE CLUB, Moscow, ID, to release the DNA Marker Report pertaining to the above-described horse currently on file with the APPALOOSA HORSE CLUB, Moscow, ID., to the following person(s) or organization.

Name of person or organization to release DNA result to: _____
(Complete Name and address of where to send horse's DNA information.)

Mailing Address: _____ City _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail Address: _____

The undersigned agrees to hold the APPALOOSA HORSE CLUB, Moscow, ID harmless from any suits, claims or causes of action in connection with the release of said data.

Signature of current Recorded Owner/Recorded Agent: (Required)X _____

Printed Name of Owner: _____ ApHC Member #: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail Address: _____

Fees subject to change -- Make checks or money orders payable to Appaloosa Horse Club, U.S. funds, drawn on U.S. bank. If you wish to pay by credit card, please provide credit card information below. Applications received without required payment will be assessed an Invoicing Fee. Check the current Official Handbook of the ApHC for current fees.

CREDIT CARD CHARGES:



Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: ____ / ____ CVV #: _____
(PLEASE INCLUDE 16 DIGIT RAISED NUMBERS) (Month) (Year)

Written Signature of Cardholder: X _____

Name of Cardholder (please print): _____ Membership #: _____

Mailing Address: _____ City _____

State/Province _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail Address: _____