

# DNA Identity Form

\_\_\_\_\_  
Horse to be Registered

\_\_\_\_\_  
Lab Case #

\_\_\_\_\_  
Foaling Date

\_\_\_\_\_  
Dam's Name and Registration Number

I hereby certify that the horse described above by foaling date, dam's name and laboratory case number is the horse from which the sample was taken. I hereby release AQHA from any and all claims in the event of injury or death to the animal, personnel or damage to property as a result of collecting the sample.

It is further understood and agreed that while the genetic results of this horse are to become a permanent record and will be available to aid in resolving parentage questions of the horse or of its purported offspring, this information may not preclude the necessity of requiring another sample in the event of a parentage dispute.

\_\_\_\_\_  
Signature of Owner at Time of Testing

\_\_\_\_\_  
Date Signed

**Please print and mail to:**

AQHA  
P.O. Box 200  
Amarillo, TX 79168