

Equine Parentage and Animal Genetics Services Centre

Equine Test Submission Form

Genotyping
 Genetic Disorder
 Coat Colour
 Blood Typing

SUBMITTER: Name		BILLING: Name	
Postal Address		Postal Address	
Phone		Phone	
Email		Email	
Submit on behalf of (tick one)	Owner (Private) <input type="checkbox"/> Breed Society <input type="checkbox"/>	PAYMENT (tick one)	Please invoice <input type="checkbox"/> By Cheque (to Massey University) <input type="checkbox"/>

Horse Name/ID Add sex and year of birth after name Add sire/dam if applicable	Genotype	QH 5P	ARAB 3P	GBED	HERDA	HYPP	MH	PSSM1	HWSD	LP/CSNB	DMRT3	Extension	Agouti	Champagne	Cream	Pearl	Silver	Lethal White	Sabino	Tobiano	NI Titre	AaQa Screen	Lab Number (Lab to fill out)
	1. Name:																						
1. Dam:																							
1. Sire:																							
2. Name:																							
2. Dam:																							
2. Sire:																							
3. Name:																							
3. Dam:																							
3. Sire:																							

Massey University accepts no liability for the accuracy of animal's information which is supplied by the sample submitter. The submitter verifies that the information submitted on this form is true and correct.

Submitter sign: _____ **Date:** _____

Send Samples to: Equine Parentage & Animal Genetic Services Centre, Drysdale Drive, Massey University PN811, Palmerston North 4472