

Pure Puerto Rican Paso Fino Federation of America, Inc.

PO Box 2027, Leesville, SC 29070 Email: PPRpasofinos@gmail.com

www.PRPASOS.org

DNA TYPING KIT ORDER FORM

Owner Information:

Membership #: _									
Farm or Business	s (if applic	cable):							
Street Address or	r P.O. Box	α:							
City:			State/Province:	:	Zip Co	de:	-		
Country:									
Phone Number:	()		Fax: ()					
Payment: Please DO NOT		•	r kit – Members \$1	10.00 per kit	– Non-Memb	ers			
Check One:	neck One: Check Money Order								
Check Number	heck Number Money Order Number								
	if shippir		s different than Owner'						
Street Address or	r P.O. Box	α:							
City:			_ State/Province:		_Zip Code:				
Country:			Phone Number	:()					
Shipping Instruc will be the respo			aipped U.S. Postal Mai er.	l unless otherwis	se indicated. An	vy additioi	nal shipping	charges	
SPECIAL SHIP	PING INS	TRUCTION	<u>NS</u> :						
				·					

PAGE 2 OR BACK SIDE MUST BE COMPLETED TO OBTAIN TEST KIT!!!

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Horse Information: (Foal or Horse Being Tested)

The information below MUST be completed to obtain a DNA kit.

Name:	PPRPFFA Reg # (if registered)									
Date of Birth:				(if registered) Sex:						
DAM			For Office use only: Lab #:							
Name:										
Registration #		(circle one)	PPRPFFA_	RGC	PFHA					
SIRE				or Office use only:						
Name:				ab #:						
Registration #		(circle one)	PPRPFFA	RGC PFHA						
THE KIT YOU ARE	ORDERING IS FOR	GENETIC TEST	ING ON THI	E ABOVE HORSE O	<u> </u>					
For Office use only:	<u>Check One</u> :	Permanent F	ile 🔲	Parent Verificatio	n					
Prepared By:				Date:						
Sent By:				Date:						