

REQUEST FOR GENETIC COLOR TESTING KIT

Name:				
Address:			.	
Phone Number (day):		Email:		
REGISTERED HORSE:				
Horse name:			Reg. #:	
UNREGISTERED HORSE:				
Date Foaled: Sex	c:			
Dam:				_ Reg. #:
Sire:	· · · · · · · · · · · · · · · · · · ·			_ Reg. #:
COLOR TESTS REQUESTED (\$40 per tes	st)			
Red Factor and Agouti		_	Red Factor	
Agouti		_	Lethal White Overo	
Cream Dilution		_	Pearl Dilution	
Silver Dilution		_	Sabino 1	
Tobiano			Champagne	
Gray			Dominant White	
Splashed White		_	 Dun Zygosity	
Roan Zygosity				
Method of Payment:				
* 3% Processing fee will be added to all ASR cred	dit card transac	tions.		
CHECK (make payable to ASR)			T	Total: \$
Credit Card #:		CCV Code:	Expiration Date	e/
	ure: Print Name:			

Please mail to:

American Saddlebred Registry 4083 Iron Works Parkway Lexington, KY 40511