



# Australasian Gypsy Horse Society Inc

## DNA Analysis Form

Please complete this form and send with payment to:

Cath Walker - Registrar  
Australasian Gypsy Horse Society  
PO Box 90  
Oberon NSW 2787  
registrar@gypsyhorsesociety.com.au

Payment of \$70 may be made via; Money Order, Cheque (made out to AGHS) or Direct Debit (National Australia Bank, Australasian Gypsy Horse Society, BSB: 084-630 A/C: 12-456-8546, EFT: please insert your name in the description). Please contact the Registrar for any further details – registrar@gypsyhorsesociety.com.au. All prices are in Australian Dollars. Please send all paperwork and payment through together.

Horse's Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Colour: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mare  Stallion  Gelding (If gelding, please include Certification of Castration)

Sire: \_\_\_\_\_ Registration No: \_\_\_\_\_ DNA No: \_\_\_\_\_

Dam: \_\_\_\_\_ Registration No: \_\_\_\_\_ DNA No: \_\_\_\_\_

The purpose of the DNA sampling is to verify parentage and to identify the DNA type for the individual horse. The information received from the test will be held by the Australasian Gypsy Horse Society and the University of Kentucky. The University of Kentucky may use the samples in its research. The AGHS does authorise the University of Kentucky to share this DNA information with other horse registries as needed to verify parentage.

- Pull 30-50 hairs from the mane or tail, pulling 5-10 hairs at a time.
- Make sure there are some pulled hairs with a bulb or follicle at the end. (This is where we obtain the DNA.)
- Do not use shedded hairs (from brush, etc.).
- Align the bulb ends of the pulled hairs together and trim other end so that sample is 3-4 inches long.
- Tape hair on paperwork and do not tape over follicle.

I hereby certify the identity of the horse listed above as being the same horse pending registration for entry in the stud book of the Australasian Gypsy Horse Society.

Signature of horse owner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Membership No: (if any) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment attached:  Cheque  Money Order Or Online payment receipt number: \_\_\_\_\_

**Attach Hair to this form in a ziplock bag**

### Office Use Only

Date application received: \_\_/\_\_/\_\_ Date submitted: \_\_/\_\_/\_\_ Date DNA received: \_\_/\_\_/\_\_

Date notification mailed: \_\_/\_\_/\_\_