

DNA REQUEST FORM

Breeders Name:	
Address:	
Email:	
Phone:	
HORSES NAME:	
Horses Registration number:	Birthdate:
Sex: Color:	Microchip:
Sire:	Reg. #
Dam:	Reg. #
Check one option below:	
Please mail my DNA instr	uction sheet and bar coded test request
Please email my DNA inst	ruction sheet and bar coded test request
The fee for the DNA test is payable to	Clydesdale Breeders of the U.S.A.
Please submit f	form and payment to:

Please submit form and payment to: Clydesdale Breeders of the U.S.A.: PO Box 345, Fredericktown, OH 43019 Phone: 815-247-8780

 $\underline{\textbf{Email:}} \ \underline{\textbf{secretary@clydesusa.com}} \ \textbf{-} \ \textbf{Website:} \ \underline{\textbf{www.clydesusa.com}}$