**Genetic Testing Application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Horse Name |  | | | |
| Date of Birth |  | | | |
| Microchip Number |  | | | |
| Colour |  | | | |
| Hair was pulled by yourself or a veterinarian ? | Myself |  | Vet |  |
| Hair must be pulled from the horses mane or tail. Ensure there are around 30 hairs. The bulbs of the hair must be intact (this is where the DNA is held). If the sample is not correct, the laboratory cannot test it. | | | | |

**Owner**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Home Address |  |
| Country |  |
| Phone Number |  |
| Email Address |  |

**Genetic Tests (Tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| PSSM1 | 200 zloty | |  |
| Foal Immunodeficiency Syndrome (FIS) | 250 zloty | |  |
| DNA Profile  To confirm parentage. Please provide one form per horse (foal, mare, and stallion) | 200 zloty per horse | |  |
| Parentage confirmation | Foal Name |  | |
| Sire Name |  | |
| Mare Name |  | |
| Colour Test | Email [tinkerpsht@gmail.com](mailto:tinkerpsht@gmail.com) to discuss which tests are needed | |  |

\*\*Applications must be made typed and sent digitally to ensure text is clearly legible.

\*\*The horse owner declares that all information in the application is correct.

\*\*Applications must be sent to [tinkerpsht@gmail.com](mailto:tinkerpsht@gmail.com)

\*\* Hair samples must be dry and sealed inside a plastic wallet with horses name and microchip written clearly

\*\* Send the hair samples with this form to PSHT, Marczow 56, 59-610 Wlen.