

BLOOD TYPING/DNA APPLICATION

THE CANADIAN MORGAN HORSE ASSOCIATION, INC.

Mail to: Canadian Livestock Records Corporation, 2417 Holly Lane, Ottawa, Canada K1V 0M7

NOTE: PLEASE FORWARD THE ORIGINAL CANADIAN CERTIFICATE OF REGISTRATION AND/OR THE APPLICATION FOR REGISTRATION OF FOAL WITH YOUR REQUEST.

Registered Name or Proposed Name of Foal

Registration No. (if known)

IF ANIMAL BEING BLOOD TYPED IS NOT ALREADY CANADIAN REGISTERED, PLEASE REPORT THE FOLLOWING:

Date of birth of foal:			Name of Sire	Canadian No.	American No.
Day	Month	Year	-----	-----	-----
			Name of Dam		

I understand that blood typing materials and instructions will be sent to the veterinarian of my choice*, designated below, upon receipt of this application and the appropriate fees. I am responsible for payment of fees for my selected veterinarian's services relating to this blood typing.

VETERINARIAN OF MY CHOICE:

* -not required for repeat blood typing.

Name:				
Address:				
Name and Address of Applicant:	Province:	Postal Code:		
	Province:	Postal Code:		

CATEGORY (PLEASE CHECK ONE ONLY):

- 1. BLOOD TYPE ONLY
- * 2. BLOOD TYPE/DNA on blood (previously blood typed)
- 3. BLOOD TYPE/DNA on blood (new registration)
- 4. BLOOD TYPE/DNA on frozen sample (sample held at Maxxam tested original since June 1996)
- 5. DNA on hair only

X _____
Signature of Owner(s) (or Authorized Agent)

Date

Fees
