



## 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 instruction sheet and bar coded test request

Please email my DNA instruction sheet and bar coded test request

The fee for the DNA test is \$50 payable to Clydesdale Breeders of the U.S.A.

Please submit form and payment to:

Clydesdale Breeders of the U.S.A.: 17346 Kelley Rd.: Pecatonica, IL. 61063

Phone: 815-247-8780 – Fax: 815-247-8337

Email: [secretary@clydesusa.com](mailto:secretary@clydesusa.com) - Website: [www.clydesusa.com](http://www.clydesusa.com)

Mastercard and Visa accepted