

EQUINE DNA TEST SUBMISSION



AES Genetics
AES Benelux
De Heikampen 9
5482ZR Schijndel
The Netherlands
0031 736 907 573
0031 631 757 155

WWW.AESGENETICS.COM
INFO@AESGENETICS.COM

- Please complete the form to the best of your knowledge.
- Send 50-60 mane or tail hairs pulled with roots attached in a plastic zip-lock bag.
- Label bag with the horse's name as indicated on this form.

OWNER INFORMATION

| | | |
|------------------------|-----------------------|-----------------|
| Name: | Business Name: | |
| Address: | City: | |
| County/State: | Post Code: | Country: |
| E-Mail Address: | Phone: | |

REGISTRY INFO (IF APPLICABLE)

| | | |
|-----------------------|-------------|--------------------|
| Horse's Name: | UEN: | Nvt |
| Date of Birth: | Sex: | Colour: Nvt |
| Sire's Name: | UEN: | Nvt |
| Dam's Name: | UEN: | Nvt |

TESTS (MULTIPLE OPTIONS POSSIBLE)

- | | |
|---|---|
| <input type="checkbox"/> DNA profile Horse | <input type="checkbox"/> Parentage Verification Horse |
| <input type="checkbox"/> Paternity Verification Horse | <input type="checkbox"/> Warmblood Fragile Foal Syndrome (WFFS) |
| <input type="checkbox"/> Maternity Verification horse | |

- I hereby confirm that these data have been entered correctly and that I have signed this form accepting the General Conditions AES 2020 - including a limitation of liability.

Date: _____ **Signature:** _____