

EQUINE DNA TEST SUBMISSION



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- 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: _____ **UELN:** _____
Date of Birth: _____ **Sex:** _____ **Colour:** _____
Sire's Name: _____ **UELN:** _____
Dam's Name: _____ **UELN:** _____

TESTS (MULTIPLE OPTIONS POSSIBLE)

- DNA profile Horse _____ Parentage Verification Horse _____
 Paternity Verification Horse _____ Warmblood Fragile Foal Syndrome (WFFS) _____
 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:** _____