

EQUINES OF AMERICA  
P.O. BOX 270041  
DALLAS, TX 75227  
(214)564-0732

PREMIUM DIVISION

REGISTRATION APPLICATION

DATE: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Phone number \_\_\_\_\_ email address \_\_\_\_\_ Ranch Name (optional) \_\_\_\_\_

INFORMATION ABOUT EQUINE YOU ARE REGISTERING:

Name (choice 1) \_\_\_\_\_ (choice 2 if choice 1 is not available) \_\_\_\_\_

\_\_\_\_\_ MARE / STALLION / GELDING \_\_\_\_\_  
(Date of birth) (choose sex) (date gelded) (color)

\_\_\_\_\_ (markings/brand) \_\_\_\_\_ (microchip number) **MANDATORY**

BREEDING INFORMATION

SIRE: \_\_\_\_\_

DAM: \_\_\_\_\_  
(name) (breed) (registry association) (number)

*COPIES OF THE SIRE AND DAMS REGISTRATION MUST BE SUBMITTED WITH APPLICATION, IF PEDIGREE IS UNKNOWN, PLEASE WRITE UNKNOWN. IF A COPY OF THE PARENTS REGISTRATION IS NOT SUBMITTED WITH APPLICATION THE PEDIGREE WILL AUTOMATICALLY BE ENTERED AS "UNKNOWN".*

MARE OWNER AT TIME OF BREEDING: \_\_\_\_\_  
(name) (phone number)

(Address) (city) (state) (zip code)

Service Dates: \_\_\_\_\_ CONCEIVED BY: LIVE COVER ☐ PASTURE ☐ EMBRYO TRANSFER ☐  
FRESH/COOLED ☐ FROZEN ☐

STALLION OWNER AT TIME OF BREEDING: \_\_\_\_\_  
(name) (phone number)

(address) (city) (state) (zip code)

**OWNER SIGNATURE & DECLARATION** I hereby declare that the information provided on this form is to the best of my knowledge true and correct. I am the rightful owner(s) of the horse being registered. I understand that the equine may be removed from the registry if inaccurate information is discovered.

► Signature \_\_\_\_\_ Date \_\_\_\_\_

► Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment in full is due at the time of form submission.**

- Please print and fill out the entire form.
- We can send you a PayPal invoice.
- You can send in a check with the Application payable to “Equines of America LLC”
- Use blue or black ink (NO pencil)
- Must be legible.
- EOA is not responsible for errors resulting from typographical or illegible handwriting.
- PLEASE INCLUDE PHOTO(S) OF THE HORSE YOU ARE REGISTERING. Email Equinesofamerica@yahoo.com

**WHO IS ELIGIBLE?**

- Drafts/Horse • Ponies • mules • Donkeys • Zebras • crosses

**PRICING - PLEASE CHECK THE CORRECT BOX IN WHICH YOU ARE APPLYING FOR!**

- Premium Registration under 12 months..... ☐ \$50
- Premium Registration over 12 months..... ☐ \$65
- DNA genetic markers (mandatory for premium) ..... ☐ \$45
- DNA parentage verification ..... ☐ \$45
- Stock Registration with DNA markers..... ☐ \$130 (under 12 months) ☐ \$100
- Stock Registration without DNA Markers..... ☐ \$80 (GELDINGS ONLY)
- Transfer of ownership..... ☐ \$45
- Duplicate copy..... ☐ \$45

**ALL HORSES MUST HAVE A DNA PROFILE, GELDINGS IN THE “FOUNDATION STOCK” DIVISION ARE OPTIONAL**

**Add-On**

- Microchip ..... ☐ \$10
- Laminate certificates..... ☐ \$5
- Priority Mail..... ☐ \$20
- RUSH FEE..... ☐ 50
- Quarter Horse/Quarter cross Panel (GBED, HERDA, HYPP, MYHM, MH, PSSM1) .... ☐ \$110
- Arabian Health Panel (CA, LFS, SCID, OAAM) ..... ☐ \$100
- Friesian/Friesian Cross Panel (Distichiasis, Dwarfism, Hydrocephalus) ..... ☐ \$80

## ALL SINGLE GENETIC TESTING IS \$45

PLEASE MARK THE LEFT BUBBLE ON THE CORRECT TEST YOU WISH TO ADD.

- ☐ Androgen Insensitivity Syndrome (AIS)
- ☐ Cerebellar Abiotrophy (CA)
- ☐ Congenital Stationary Night Blindness (CSNB)
- ☐ Congenital Stationary Night Blindness (CSNB2)
- ☐ Connemara Pony Hoof Wall Separation Disease
- ☐ Distichiasis
- ☐ Equine Familial Isolated Hypoparathyroidism (EFIH)
- ☐ Foal Immunodeficiency Syndrome (FIS)
- ☐ Fragile Foal Syndrome (FFS) Type I
- ☐ Friesian Horse Dwarfism
- ☐ Friesian Horse Hydrocephalus
- ☐ Glycogen Branching Enzyme Deficiency (GBED)
- ☐ Hereditary Equine Regional Dermal Asthenia (HERDA)
- ☐ Hyperkalemic Periodic Paralysis (HYPP)
- ☐ Junctional Epidermolysis Bullosa (JEB1) in Belgians
- ☐ Junctional Epidermolysis Bullosa (JEB2) in Saddlebreds
- ☐ Lavender Foal Syndrome (LFS)
- ☐ Malignant Hyperthermia (MH)
- ☐ Multiple Congenital Ocular Anomalies (MCOA)
- ☐ Myosin-Heavy Chain Myopathy (MYHM)
- ☐ Naked Foal Syndrome in Akhal Teke
- ☐ Ocular Squamous Cell Carcinoma (SCC) - Haflinger and Belgian Horses
- ☐ Polysaccharide Storage Myopathy (PSSM1)
- ☐ Severe Combined Immunodeficiency (SCID)

TOTAL FEES (US FUNDS ONLY) \$ \_\_\_\_\_

PAYMENT Check # \_\_\_\_\_ Money Order #: \_\_\_\_\_

Credit Card: VISA ☐ Mastercard ☐ Discover ☐ American Express ☐

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ SCC \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ SEND ME AN INVOICE TO THIS EMAIL: \_\_\_\_\_ (CLICK AND PAY)

### FOR OFFICE USE ONLY

APPROVAL CODE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

## DNA SAMPLE FORM

The easiest way to get DNA from a horse is to pull hair from the mane or tail with the root intact, DO NOT CUT. Pull 30-40 hairs, do not touch the roots. For young foals, hair from the tail is preferred. Long strands of hair is not necessary, DNA is extracted from the roots. Hairs must be pulled straight out to ensure follicles come out of the skin. It may be best to pull 5-10 hairs at a time rather than larger amounts. Do NOT tape over the roots, but 1-1.5 inches away from the roots, then fold this paper to ensure the roots are not exposed. Fill the form completely and at the bottom of the form or paper, tape the hair sample to the paper with clear tape, or just put the hair in the envelope with information on the outside. Do not tape over follicles.

Place roots here DO NOT TAPE OVER ROOTS	Tape hair here	Coil hair here if necessary
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OWNER CONSENT: I \_\_\_\_\_ (owner/vet/agent signature) hereby allow Equines of America to archive the DNA from this animal for registration and/ or genetic testing purposes.

\_\_\_\_\_  
OWNER NAME

\_\_\_\_\_  
HORSE NAME

\_\_\_\_\_  
Address

\_\_\_\_\_  
city

\_\_\_\_\_  
state

\_\_\_\_\_  
zip code

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
email address

\_\_\_\_\_  
Ranch Name (optional)

I hereby declare that the DNA SAMPLE provided on this form was from the horse listed above. I understand that the equine may be removed from the registry if inaccurate information is discovered.

► Signature \_\_\_\_\_

Date \_\_\_\_\_

CHECKS CAN BE MADE OUT TO EQUINES OF AMERICA LLC. PLEASE SEND THIS FORM AND SAMPLE TO  
EQUINES OF AMERICA  
P.O BOX 270041  
DALLAS, TX 75227