

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

FOUNDATION STOCK

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
- Stock Registration without DNA Markers..... ☐ \$80 (GELDINGS ONLY)
- Stock Registration under 12 months with DNA markers..... ☐ \$100
- Stock Registration under 12 months without DNA markers..... ☐ \$130 (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: _____

Signature: _____ Date: _____

☐ SEND ME A PAYPAL INVOICE TO THIS EMAIL: _____

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

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 _____

THIS APPLICATION FOR "FOUNDATION STOCK" ONLY.

Stallions and mares are required to have a DNA profile, if you have obtained a DNA profile from somewhere else, please be sure to attach a copy to this application. Geldings are optional.

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

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CERTIFICATION OF IDENTIFICATION TO BE COMPLETED BY A VETERINARIAN ONLY

DATE: _____ EXAMINING VETERINARIAN: _____

HORSE: _____ OWNER: _____

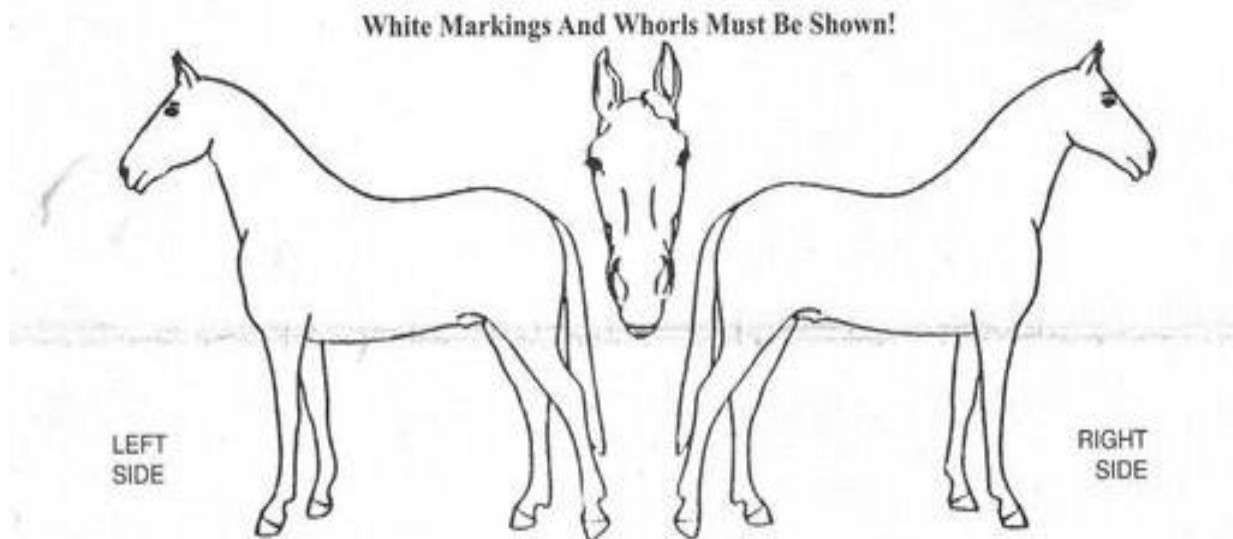
IS THIS HORSE MICROCHIPPED? YES/NO IF NO, PLEASE INSERT AND DOCUMENT BELOW

ALL HORSES MUST BE MICROCHIPPED AND AGE CONFIRMED BY D.V.M

MICROCHIP NUMBER: _____

AGE: _____ COLOR: _____ HEIGHT: _____

BREED: _____ BRAND/SCARS/MARKINGS: _____



I have examined and described this horse to the best of my knowledge, I understand this form is strictly for registration purposes and may not be used for any other purpose outside of Equines of America.

X _____
DVM Signature

Date

Email address

Phone