



**AHSA**  
ARABIAN HORSE SOCIETY OF AUSTRALIA



**The Arabian Horse Society of Australia Ltd.**

ABN 12 001 281 590

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Postal Address: Post Office Box 415 RICHMOND NSW 2753

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## PRACTICAL HORSE GENETICS APPLICATION FORM

**Please attach a mane hair sample from each horse requiring testing.** Ensure you have at least 30 hairs with the hair root follicle attached. Place this sample in a clip lock plastic bag & write your horses name clearly on the outside of the plastic bag. **Send the sample, this form & payment to the AHSA.**

How to work out your price: Select the individual test price for each test you want performed ( see list below ) then to this add the lab processing fee of \$30.00 per horse, this will give you the total price for this horse. Repeat this for each horse.

**The lab processing fee + the individual test/s fees = Your total price per horse .**

**The lab processing fee is \$30.00 per horse. Regardless of number of tests performed.**

Eg: CA ( 1 test only ) = \$30.00 ( processing fee ) + \$15.00 ( individual test fee ) = \$45.00.

CA & SCID ( 2 tests ) = \$30.00 ( processing fee ) + \$15 .00 ( CA fee ) + \$15.00 ( SCID fee ) = \$60.00.

CA , SCID & LFS ( 3 tests ) = \$30.00 ( processing fee ) + \$15 .00 ( CA fee ) + \$15.00 ( SCID fee ) + \$15.00 ( LFS fee ) = \$75.00

**Tests available:**

CA ( Cerebellar Abiotrophy )	\$15.00	SCID ( Severe Combined Immunodeficiency )	\$15.00	LFS ( Lavender Foal )	\$15.00
Agouti	\$10.00	Red/Black Factor	\$10.00	Cream	\$10.00
Silver	\$10.00	Champagne	\$10.00	Pearl	\$10.00
Grey	\$10.00	Tobiano	\$10.00	OLWS	\$10.00
Appaloosa ( CSNB )	\$10.00	Splashed white 1	\$10.00	Sabino 1	\$10.00
W20	\$10.00	Dun	\$10.00	Roan	\$10.00

Horses Registered Name:	Registration No:	Tests Required:

**PUBLICATION OF RESULTS: Please indicate if your results are:**

- Confidential
- To be published on the AHSA website or
- Will advise later.

I authorise the AHSA Ltd. to publish the results of the above test if so indicated .....  
( Signature )

NAME OF OWNER/LESSEE: .....

EMAIL ADDRESS FOR RESULTS: ..... MEMBERSHIP NO: .....

Please enclose a Cheque, Money Order or complete the details below to pay by MasterCard or Visa.	
Credit Card Details—Cardholders Name:	Expiry Date:
<div style="display: flex; justify-content: space-between;"> <span>□□□□ □□□□ □□□□ □□□□</span> <span>MasterCard &amp; Visa CCV No: □□□</span> </div>	
Cardholders Signature:	Amount: \$