



CENTRAL REGISTRY SERVICES GROUP DNA REQUEST FORM

(Please copy as many sheets as needed)

The horse listed below belongs to: _____

Owner's Name

Address

City, State/Province, ZIP

BREED: _____
_____ phone or e-mail

OWNER/AGENT/ or REGISTRAR SIGNATURE: (Circle One)

_____ YR: _____ S / M / G
Horse's Registered Name Reg # if registered Born Sex

Sire: _____ Registered With: _____

Dam: _____ Registered With: _____

TAPE / STAPLE or PAPERCLIP
PAPER ENVELOPE CONTAINING HAIR
No ziplocks please!

\$30 FEE to process sample made out to: Central Registry Services

Central Registry Services 775 Flippin Road Lowgap, NC 27024