



HEADQUARTERS
DECATUR, ALABAMA
(205) 352-7222
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E-mail: rhbaa@rhhbaa.com
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DNA COLLECTION INFORMATION FORM

FOR OFFICE USE ONLY

Case Number: _____
Date Received: _____
Date To Lab: _____

NAME: _____
ADDRESS: _____

Mail DNA Hair Sample along with this form to:

RHBAA
67 Horse Center Rd.
Suite B
Decatur, AL 35603



PEDIGREE DNA COLLECTION FORMS MUST ALSO HAVE THE SIRE AND DAM FIELDS COMPLETED OR THE FORM WILL BE RETURNED TO THE OWNER TO COMPLETE

- On File
 Proof of Parentage

LAB USE ONLY	NAME OF HORSE	REGISTRATION NUMBER	DATE OF BIRTH	SEX	COLOR
NAME OF SIRE		REGISTRATION NUMBER	NAME OF MARE		REGISTRATION NUMBER

CERTIFICATION OF IDENTIFICATION

I (we) hereby certify the identity of the Racking Horse listed above, from which these hairs were collected for DNA sampling, as being the same horse registered, or pending registration in the Racking Horse Breeders Association.

Signature of Owner

X _____

Date _____

TAPE HAIR SAMPLE HERE

Name of Horse: _____

Racking Horse Breeders Association

Registration #: _____