

AApA

American Appaloosa Assoc., Inc.

P. O. Box 429

Republic, MO. 65738

Ph: (417) 466-2046, Fax: (417) 466-3633 e-mail: heidi@amappaloosa.com

Blood Type / DNA Waiver

THE UNDERSIGNED, being the current owner of the horse _____

Registration Number _____, authorizes the **Appaloosa Horse Club (ApHC)** to release to the registrar of the

American Appaloosa Association, (AApA, Inc.) located in Republic, MO, any DNA or Blood type information pertaining to the above listed horse, currently on file with the **Appaloosa Horse Club (ApHC)**.

*The undersigned agrees to hold the **Appaloosa Horse Club (ApHC)** harmless from any suits, claims, or causes of action in connection with the release of said information.*

Owners written Signature: _____

Printed name of owner: _____

Mailing Address: _____

Telephone Number: (_____) - _____ - _____

This waiver form and a \$15.- filing fee (payable to the AApA, Inc.) must be returned to :

American Appaloosa Association, Inc. (AApA, Inc.), PO Box 429, Republic, MO 65738

All stallions foaled after 1990 must have a DNA report on file with the AApA, Inc. before any Stallion Breeding Report can be accepted.

If you would like to pay by credit card, please complete the following information:

Credit card type VISA MASTER CARD

Card Number _____ Expiration Date: _____

Name of Cardholder: (print) _____

Signature of Cardholder: _____ /Phone #: _____

Mailing Address: _____ / _____ / _____ / _____

Serving The Appaloosa Industry for 26 Years
1983 - 2009