



Lipizzan Association of North America  
 P. O. Box 1133  
 Anderson, IN 46015

<http://www.lipizzan.org>



**EQUINE DNA APPLICATION (DNA Form 2)**

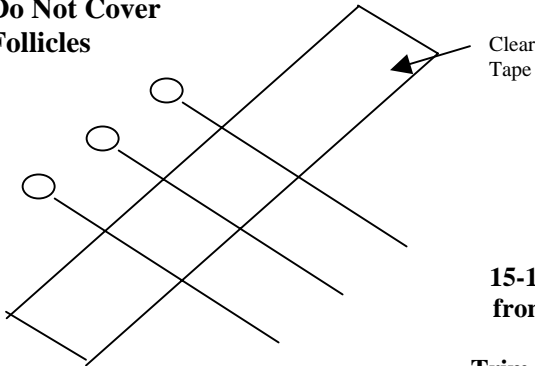
<b>Name of Horse:</b>			
LANA ID#	Other ID#	Date of Birth:	Color:
Markings:			
<b>Sire's Name:</b>			
LANA ID#	Other ID#	Date of Birth:	Color:
Sire's Owner:		Sire's DNA Accession #	
<b>Dam's Name:</b>			
LANA ID#	Other ID#	Date of Birth:	Color:
Dam's Owner:		Dam's DNA Accession #	
<b>Owner's Name:</b>			
Address:			
City:	State/Province:	Zip:	Country: (if not USA)
Phone (Home):		Phone (Cell):	
E-mail:		Web:	

**Return fee, form and hair sample to:**

**Lipizzan Association  
 of North America  
 P.O. Box 1133  
 Anderson, IN 46015**

**FEE:**  
**\$29.00**  
 (payable to University of Kentucky)

**Do Not Cover  
 Follicles**



**15-18 Fresh Hairs  
 from mane or tail  
 with follicles.  
 Trim to approx. 3".**