



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

<http://www.lipizzan.org>



EQUINE DNA APPLICATION (DNA Form 2)

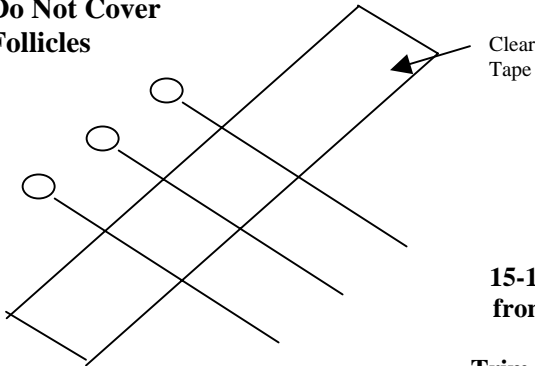
Name of Horse:			
LANA ID#	Other ID#	Date of Birth:	Color:
Markings:			
Sire's Name:			
LANA ID#	Other ID#	Date of Birth:	Color:
Sire's Owner:		Sire's DNA Accession #	
Dam's Name:			
LANA ID#	Other ID#	Date of Birth:	Color:
Dam's Owner:		Dam's DNA Accession #	
Owner's Name:			
Address:			
City:	State/Province:	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".**