

APPLICATION FOR DNA TESTING

Horse's Details

Name:		D.O.B:
Colour:		Sex:
ACE Life No:	EA Reg:	
Microchip:	Other Reg:	
Sire:	Sire Reg No:	
Dam:	Dam Reg No:	

Owner's Details

Name:		Stud Name:	
Address:		P/code:	
Postal Address:		P/code:	
Phone:		Mobile:	
Fax:	Email:		
Breeders Name:			

- Reason for test:**
- | | |
|---|---|
| <input type="checkbox"/> DNA type only | <input type="checkbox"/> Maternity Analysis |
| <input type="checkbox"/> Paternity Analysis | <input type="checkbox"/> Parentage Analysis |

Details from the Person taking the DNA sample:

Name:	Date Sample Taken:
Address:	Contact No:

I, _____ (full name of applicant) hereby confirm that the information I have supplied on this application above, to my knowledge is true and correct. I acknowledge that the ownership of the DNA hair samples after dispatch rests with the ACE Group Inc. and that the ACE Group Inc. may use these DNA samples and profiles for such purposes as it sees fit.

Please forward this form completed along with the following:

- **Payment DNA Testing Fee - \$90 Inc. GST (per Horse)**
- **Sample within the kit provided**

Post via registered/express post to: **ACE Group Inc., PO Box 224, Canungra Qld 4275.**
 Payment: Cheque or Direct Deposit: **The ACE Group Inc. BSB: 034 630 ACCT: 309 198**

Applicant's Signature: _____ Date: _____

Witness: _____

Witness's Signature: _____ Date: _____