

DNA Data Collection Form



American Bashkir Curly Registry

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www.abcregistry.org

Please type or print legibly. Illegible forms cannot be processed.

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Horse to be tested

NAME: _____

Registration Number: _____ (if horse is currently registered. Leave blank if pending)

Sex: | ☐ Mare | ☐ Stallion | ☐ Gelding | ☐ Date Gelded or Spayed: _____

Foaled: Month _____ Day _____ Year _____

Place of Birth: Country: _____ **State/Province:** _____

COLOR: Appaloosa Bay Black Brown Buckskin Claybank Dun Roan Cremello Chestnut
Dun Grey Grulla Liver/Liver Chestnut Overo Palomino Pearl Perlino Roan Sabino
Silver(Dapple) Smoky Black Smoky Crème Sorrel Tobiano White Unknown

Owner Information

OWNER: _____

RANCH: _____

ADDRESS: _____

DAYTIME PHONE: _____ **EVENING PHONE:** _____

EMAIL ADDRESS: _____

Parentage

SIRE'S REGISTERED NAME: _____

SIRE'S ABCR OR OTHER REGISTRATION NUMBER: _____ **SIRE'S BREED:** _____

DAM'S REGISTERED NAME: _____

DAM'S ABCR OR OTHER REGISTRATION NUMBER: _____ **DAM'S BREED:** _____

Fee: 50.00 \$

Payment Options

- ☐ Check Enclosed *
- ☐ Credit Card (Visa or MC only)
- ☐ Payment through paypal to:
payments@abcregistry.org

If paid by paypal, prepay and enter receipt ID here: _____

DO NOT SEND CASH

All Payments MUST be in US Funds

*There will be a \$25 penalty for returned checks.

If paying by credit card please complete the following:

Card Number: _____

Exp Date: _____ **3 digit security code on the back of card:** _____

Name and address on card, if different than owner: _____

Signature: _____