



Canadian Sport Horse Association
PO Box 970, Richmond, ON, K0A 2Z0
Tel: 613-686-6161 / Fax: 613-686-6170

DNA – PULLED MANE HAIR SAMPLE

ANIMAL INFORMATION:

Horse sampled: _____ Date: _____
(use registered name or name applied for)

Breed: Sport Horse Sex: Male _____ Female _____ Date of Birth _____ dd/mm/yyyy

CSHA Identification # _____ Colour _____
(use "Pending" if registration in process)

Sire's Name _____ CSHA ID # _____

Dam's Name _____ CSHA ID # _____

Bred by: AI _____ Embryo Transfer _____ Live Cover _____

TEST REQUIRED

- DNA Parentage Verification** (offspring applying for full-bred registration)
- DNA Parentage Verification one side only** (offspring applying for part-bred registration)
Sire only _____ Dam only _____
- DNA Profile** (for appendix/foundation breeding stock only)

SAMPLE SECTION (do not cut hair)

MANE HAIR ROOTS HERE TAPE CENTRE OF SHAFTS HERE
(15-25 mane hairs)

I certify that these hair specimens have been drawn from the above described animal.

Owner (print name) _____ Signature _____

Address: _____

_____ Postal Code _____

Phone _____ Fax _____

Please enclose your payment with the DNA Test sample and forward to address above.