

**GENOME BREEDING VALUE CONTRACT**

The undersigned assigns the KWPN-NA to send a DNA sample to the KWPN of Ermelo to perform and OC DNA test and estimate the genome breeding value of the horse:

Horse registration no.	Name of horse

The client must provide a hair sample.

Fee to be paid by the client to KWPN of North America:

NUMBER	TEST	price per unit	Total
	OC DNA test	\$250.00 per horse	\$250.00
	-	<b>TOTAL</b>	<b>\$250.00</b>

The 'General Terms & Conditions for Genome Breeding Values' apply, as do the statutes and regulations of the KWPN & KWPN-NA. Data obtained and collected in the context of the DNA test is owned and managed by the KWPN & KWPN-NA. The client receives the genome breeding value or values for their own use.

**Client**

KWPN-NA membership no:  
 Name:  
 Address:  
 City:  
 State/Province:  
 Zip Code/Postal Code  
 Country:  
 Telephone number:  
 Email address:

<b>Date:</b>	<b>Signature:</b>
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*Please return the completed contact with DNA Sample to:*

*KWPN of North America  
 4037 Iron Works Parkway, Suite # 140  
 Lexington, KY 40511*

**Horse DNA Submission**  
**Form-QCD Testing**

**Instructions:**

1. Please do not write on this form. Contact the registry for corrections.
2. Thoroughly wash and dry your hands.
3. Pull (DO NOT CUT) 20-30 tail or mane hairs by wrapping hairs around forefinger. For foals, use tail hairs only. Grasp hair close to the animal's body to insure roots are included. Pull straight toward your body. Visually check that roots are attached to hair. DO NOT TOUCH ROOT BULBS.
4. Place sample in shaded box (below) with roots at left. Tape in place with tape over hair shaft on right.
5. Fold submission form backwards so that barcode and identification are on the outside and hair is covered. See fold lines for details. Do not seal submission form with tape or staples.
6. Place in envelope and mail to the address below.
7. If mailing from outside the United States, a current import permit must accompany the sample.

**Mail To:**

KWPN-NA  
4037 Iron Works Parkway,  
Suite 140  
Lexington, KY 40511

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Second fold (Fold back to cover hair. Do not cut, tape or staple)

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**KWPN of North America**

**Owner**

Name:  
Address:

**Animal being tested**

Name:  
Registration:  
Barn Name:  
Color:  
Date of Birth:                      Sex:  
Breed:  
Microchip:

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First fold (Fold back. Do not cut, tape or staple)

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**Pull 20-30 tail or mane hairs of animal being tested and place above. Only one animal per form.**