



KWPN-NA

VETERINARY TESTS ORDER FORM

Horse Name: _____ Registration Number: _____

Owner Name: _____

Select Veterinary Test:

☐ DJD/Navicular \$150.00

☐ PROK \$150.00

☐ Endoscope \$150.00

Payment: ☐ Check ☐ Visa ☐ Mastercard ☐ Other _____ (*Payable in U.S. Funds.*)

Please invoice me: ☐

Card #: _____ Exp: _____ CCV#: _____

Name on Card _____ Signature: _____

Mail: KWPN-NA, 4037 Iron Works Parkway, Ste 140, Lexington, KY 40511
Fax to: 859-554-0366; Email: drew@kwpn-na.org