

# Arabian F.O.A.L. Association

## APPLICATION FOR REGISTRATION

THIS APPLICATION IS TO BE USED ONLY IF BOTH SIRE AND DAM OF APPLICANT HAVE PREVIOUSLY TESTED "CLEAR" TO SCID TESTING BY VETGEN OR OTHER VETGEN APPROVED LABORATORY AND THE RESULTS ARE ON FILE WITH THE AFA.

APPLICANT NAME \_\_\_\_\_

AHR# \_\_\_\_\_

SIRE \_\_\_\_\_ REGISTRY NAME & # \_\_\_\_\_

DAM \_\_\_\_\_ REGISTRY NAME & # \_\_\_\_\_

THE ABOVE APPLICANT WILL BE RECORDED BY AFA TO BE  
BIOLOGICALLY CLEAR FOR THE GENETIC TRAIT OF SCID

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# (\_\_\_\_\_) \_\_\_\_\_

**INCLUDE WITH PAYMENT A COPY OF VETGEN TEST RESULTS OF SIRE , DAM & CERTIFICATE OF REGISTRATION FOR ABOVE APPLICANT.**

**AFA REGISTRATION FEE: \$10.00**

**CHECK# \_\_\_\_\_**

(CREDIT CARDS NOT ACCEPTED) MAKE CHECK PAYABLE TO: ARABIAN FOAL ASSOCIATION

**SIGNATURE OF OWNER \_\_\_\_\_**

This signature warrants the information contained with this application to be genuine and permission is granted to place the information in the database on the AFA Web Site. An AFA certificate will be provided to the owner of this applicant on completion of this agreement.

DATE: \_\_\_\_\_

MAIL TO:  
ARABIAN FOAL ASSOCIATION  
Marguerite Illing, Treasurer  
PO BOX 198  
Parksville, NY 12768-5336

Office use only  
Processed by:

\_\_\_\_\_  
Date: \_\_\_\_\_