

# Arabian F.O.A.L. Association

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## LETHAL TRAIT REPORT FORM

This form must be notarized. Please print clearly or type.

FOAL NAME _____	SEX _____	
(registered name, barn name, herd number)		
REGISTRATION # _____	HORSE REGISTRY _____	BLOOD TYPE _____
(if available)		(if available)
FOALING DATE _____	DATE OF DEATH _____	

SIRE NAME _____	SIRE BLOOD TYPE _____			
(attach copy of breeding contract or stallion report)		(if available)		
SIRE REGISTRATION # _____	SIRE REGISTRY _____			
OWNER _____	(name of sire owner at time of service)			
_____	_____	_____	_____	
address		city	state/prov	zip/postal
Has owner been notified of Lethal Trait Report to be filed on sire: <input type="checkbox"/> Yes <input type="checkbox"/> No				

DAM NAME _____	DAM BLOOD TYPE _____			
(attach copy of breeding contract or stallion report)		(if available)		
DAM REGISTRATION # _____	DAM REGISTRY _____			
OWNER _____	(name of dam owner at time of service)			
_____	_____	_____	_____	
address		city	state/prov	zip/postal
Has owner been notified of Lethal Trait Report to be filed on dam: <input type="checkbox"/> Yes <input type="checkbox"/> No				

FOAL OWNER _____	(name of foal owner at time of birth if different from above owner of dam)			
_____	_____	_____	_____	
address		city	state/prov	zip/postal
Has owner been notified of Lethal Trait Report to be filed on foal: <input type="checkbox"/> Yes <input type="checkbox"/> No				

LABORATORY NAME _____	LAB PHONE # _____			
LAB ADDRESS _____	_____			
address		city	state/prov	zip/postal
DIAGNOSIS SUPERVISOR _____	_____			
(signature)		(printed name)		
DATE OF REPORT _____				

LETHAL TRAIT LEADING TO DEATH _____
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FILER NAME _____	PHONE NUMBER/S (_____) _____			
(printed name)				
_____	_____	_____	_____	
address		city	state/prov	zip/postal
In submitting this report, I hereby subject myself to and agree to be bound by all of the rules and regulations of the Arabian F.O.A.L. Association as they now exist or may periodically be amended, knowledge of which I now have or will immediately acquire. I further represent and warrant that the information contained in this Lethal Trait Report Form is complete and accurate.				
Filing Party Signature _____				
(signature)				
SIGNED AND SWORN (AFFIRMED) BEFORE ME THIS _____ DAY OF _____, 19____				
NOTARY SIGNATURE _____				

••• LABORATORY REPORT AND VETERINARIAN DOCUMENTATION MUST BE ATTACHED •••