

Arabian FOAL Association

PO Box 198 Parksville NY 12768

President
Frederick A. Metcalf
(505) 531-2977
Fx (505) 531-2978

Vice President
Raymond M. Cerniga DVM
(209) 539-2728

Secretary
Robin C. Lohnes
(703) 370-6573
x (202) 965-9621

Treasurer
Marguerite A. Tilling
(845) 292-7797
x (845) 295-0430

Director
Myron C. Krause
(218) 736-3466
x (218) 739-4430

SCID File Report Form for VetGen Test #40001

**COPY OF VETGEN RESULTS
MUST ACCOMPANY THIS
REPORT FORM**

Results : CLEAR ___ CARRIER ___

Please print clearly or type.

FOAL/HORSE NAME _____	SEX _____		
(registered name, barn name, herd number)			
REGISTRATION # _____	HORSE REGISTRY _____	BLOOD TYPE _____	
(if available)		(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 VetGen Lab results 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 VetGen Lab results to be filed on dam: <input type="checkbox"/> Yes <input type="checkbox"/> No			

FOAL OWNER _____			
(if applicable, 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 VetGen Lab results to be filed on foal: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 Report Form is complete and accurate.			
Filing Party Signature _____			MUST BE SIGNED

ARABIAN F.O.A.L. ASSOCIATION GENETIC DATABASE CERTIFICATE OF REGISTRATION

In an effort to keep a record of SCID Non-Carriers(Clear) and Carriers for the benefit of future Arabian breeding/breeders, your submission of this form with a copy of your VetGen Certificate would be needed. This is largely voluntary and relies on the integrity of the breeders of Arabian, Half-Arabian, and Anglo-Arabian Horses. A.F.A. makes no representations or warranties that the information generated by it will be complete or that A.F.A. will have information on all horses with a lethal trait. On receipt of the above a Certificate of Registration in the Arabian F.O.A.L. Association Genetic Database will be generated and sent to you for each horse tested and certified by VetGen Lab.

**RETURN THIS FORM FOR
OFFICIAL CERTIFICATE**

MAIL TO:
Arabian F.O.A.L. Association
P.O. Box 198
Parksville, NY 12768