



DNA Veterinary Statement

I, _____, hereby declare that the attached DNA Sample (hair with roots, taken from the mane or tail) was collected by me from the animal named below. I confirm that all stated information has been checked and concluded to be correct.

Name of Horse	
Registration Number	
Date of Birth	
Microchip Number	
Owner	
Location	
Date	

Name of Veterinarian:

Signature of Veterinarian:

Stamp Veterinarian:

After completing this form, please send with hair sample to:

Barock Pinto Association of North America
P.O. Box 208
Riverbank, CA 95367

Barock Pinto Association of North America
P.O. Box 208, Riverbank, CA 95367 916-469-5522
www.barockpintohorse.com