

Enrollment for Breeding

American Tobiano Overo Association

789 W M-113

Kingsley, MI 49649

(231)620-4042

Americantobianooveroassoc.com

Americantobianooveroassoc@gmail.com



Name of Horse: _____

Registration Number: _____

☐ APHA stallion ☐ AQHA Stallion ☐ AQHQ Mare ☐ APHA Mare

Current Owner: _____ ITHA

No _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I authorize the American Tobiano Overo Association to release the genetic markers on file for the above names horse to the American Tobiano Overo Association.

Recorded Owners Signature: _____

Printed name of Authorized Individual	Signature Name of Individual	Authorization is for:	
		Stallion Breeding Report	Breeders Certificate
	X		
	X		
	X		
	X		

Ownership (a signature below will not constitute authority to sign documents unless included as an authorized agent above)

1. Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Fees:

US Funds only

Member

Non-Member

<input type="checkbox"/> Stallion Enrollment Fee (one time only)	\$100.00	\$110.00
<input type="checkbox"/> Mare Enrollment Fee (one time only)	\$5.00	\$15.00
<input type="checkbox"/> DNA Genetic Markers Kit (UC-Davis)	\$75	
<input type="checkbox"/> Genetic Health Panel Test (UC-Davis) (test for the presence of HERDA, HYPP, GEED, OLWS, MHand PSSm)	\$145	
<input type="checkbox"/> Color and Pattern Panel Test (UC-Davis)	\$145	
<input type="checkbox"/> OLWS-Only DNA Test (UC-Davis)	\$35	
<input type="checkbox"/> Etalon Diagnostics Panel	\$245	
<input type="checkbox"/> Rush Fee	\$45	

Method of PaymentVisa ☐Mastercard ☐American Express ☐

Check or Money Order: _____ check _____ money order

DO NOT SEND CASH

If paying with credit card, please complete the following:

Card Number: _____

Exp Date: _____ CVV# _____

Name of Cardholder: _____

ATOA ID Number: _____

Address: _____

City _____ State _____ Zip _____

Fax: _____ Phone: _____

Email: _____

Signature: _____

Payment must accompany any work submitted to ATOA. By providing payment details. I am authorizing all charges necessary to complete this work. Non-refundable