## **Enrollment for Breeding**

American Tobiano Overo Association 789 W M-113 Kingsley, MI 49649 (231)620-4042 ATOApaints@gmail.com



Name	of Horse:									
Registr	ration Number:									
	APHA stallion AQ	HA Stallion AQHQ M	lare APHA Mare							
Curren	urrent Owner:ITHA									
				_						
Addres	ss:									
City: _			State:			Zip:				
Phone	:	Email:								
the An	nerican Tobiano Overo Ass		ū		ove names hors	e to				
Record	ded Owners Signature:									
Printed	d name of Authorized Indi	vidual	Signature Name of Individual			r: ders				
		X			Breeding Certif  Report	icate				
		X								
		X								
Owner	rship (a signature below will no	ot constitute authority to sign doo	cuments unless included as an a	uthorized agent abo	ove)					
1.	Name: Signature:									
	Address:									
	City:		State:	;	Zip:					
2.	Name:		Signature:							
	Address:									
		y: State:								
3.										
	Cit		Chaha		71	_				

Fees:	US Funds only		Member	Non-Member				
Stallion Enrollment Fee (one time only)			\$100.00	\$110.00				
☐ DNA Genetic M☐ Genetic Health	nt Fee (one time only) arkers Kit (UC-Davis) Panel Test (UC-Davis) of HERDA, HYPP, GEED, OLWS, MHand P.	SSm)	\$5.00 \$75 \$145	\$15.00				
Color and Patte	rn Panel Test (UC-Davis)		\$145					
OLWS-Only DNA Test (UC-Davis)			\$35					
Etalon Diagnostics Panel			\$245					
Rush Fee			\$45					
Method of Payment   Visa Mastercard   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:			<del></del>					
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