

Arabian F.O.A.L. Association

P.O. Box 198 Parksville NY 12768

CEREBELLAR ABIOTROPHY (CA) Report Form

APPROVED Diagnostics Lab. _____ Test # _____
N/N Normal _____ N/CA Carrier _____ CA/CA Affected _____

***COPY OF APPROVED DIAGNOSTIC LAB RESULTS
MUST ACCOMPANY THIS SIGNED REPORT FORM***

Please print clearly or type

FOAL/HORSE NAME _____ SEX _____

REGISTRATION # _____ HORSE REGISTRY _____ FOALING DATE _____

SIRE NAME _____ REGISTRATION # _____ REGISTRY _____

OWNER _____
(name of sire owner at time of service)

address _____ city _____ state/prov _____ zip/postal _____
If CA/CA Has owner been notified of APPROVED Diagnostics Lab results to be filed on sire: Yes _____ No _____

DAM NAME _____ REGISTRATION # _____ REGISTRY _____

OWNER _____
(name of dam owner at time of service)

address _____ city _____ state/prov _____ zip/postal _____
If CA/CA Has owner been notified of APPROVED Diagnostics Lab results to be filed on dam: Yes _____ 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 APPROVED Diagnostics Lab results to be filed on foal: Yes _____ 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 _____ Email: _____

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

In an effort to keep a record of Non-Carriers, and Carriers for the benefit of future Arabian breeding/breeders, your submission of this form with a copy of your APPROVED Diagnostics Lab. results 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 APPROVED Diagnostics Lab.

MAIL TO:

Arabian F.O.A.L. Association

RETURN THIS FORM FOR OFFICIAL AFA CERTIFICATE

P.O. Box 198

MUST BE SIGNED

Parksville, NY 12768