



# ICHO GENETIC PANEL SUBMISSION FORM

Please mark which test you are ordering

Genetic Panel \$99.00

Genetic Panel Plus \$159.00

HORSE INFORMATION			
HORSE NAME:		BREED:	
DOB / AGE (BEST ESTIMATE):	SEX: <input type="radio"/> Gelding <input type="radio"/> Mare <input type="radio"/> Stallion	HEIGHT:	
COLOR:	DISCIPLINE:		
REGISTRY & REG #S:			
SIRE REG & #:		DAM REG & #:	
NOTES ON HEALTH / TRAITS / DESCRIPTION:			
HAS YOUR HORSE EVER BEEN DIAGNOSED WITH THE FOLLOWING? <input type="radio"/> West Nile Virus <input type="radio"/> Degenerative Ligament Disease <input type="radio"/> Laminitis      Osteochondritis Dessecans (OCD): <input type="radio"/> Hock <input type="radio"/> Stifle <input type="radio"/> Fetlock			

HAIR SAMPLE		
Place roots here.	Tape here.	Place the rest of the hair here. Coil if necessary.

*Wrap 30-40 mane or tail hairs around finger, and pull out with roots.*

OWNER INFORMATION			
OWNER / TRAINER NAME(S):		ADDRESS:	
PHONE:	EMAIL:		
MAY WE CONTACT YOU TO DISCUSS YOUR HORSE FURTHER? <input type="radio"/> Yes <input type="radio"/> No			

**Send form and hair sample to:  
ICHO Office, 322 Tulie Gate Rd, Tularosa, NM 88352 USA**

I agree to allow the results to be listed on ICHO Genetic Study Webpage if my horse is free of diseases. If my horse is found to have a genetic disease, I must give permission for the results to be shared. Initial