

**AApA**

**American Appaloosa Assoc., Inc.**

**P. O. Box 429**

**Republic, MO. 65738**

**e-mail: heidi@amappaloosa.com**

**Ph: (417) 466-3633**

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**Blood Type / DNA Waiver**

**THE UNDERSIGNED**, being the current owner of the horse \_\_\_\_\_

Registration Number \_\_\_\_\_, authorizes the **Appaloosa Horse Club (ApHC)** to release to the registrar of the

**American Appaloosa Association, (AApA, Inc.)** located in Republic, MO, any DNA or Blood type information pertaining to the above listed horse, currently on file with the **Appaloosa Horse Club (ApHC)**.

The undersigned agrees to hold the **Appaloosa Horse Club (ApHC)** harmless from any suits, claims, or causes of action in connection with the release of said information.

Owners written Signature: \_\_\_\_\_

Printed name of owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

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*This waiver form and a \$30.00 – retrieval and filing fee ( payable to the AApA, Inc. ) must be returned to :*

**American Appaloosa Association, Inc. ( AApA, Inc. ), PO Box 429, Republic, MO 65738**

*All stallions foaled after 1990 must have a DNA report on file with the AApA, Inc. before any Stallion Breeding Report can be accepted.*

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If you would like to pay by credit card, please complete the following information:

Credit card type                      **VISA**                      **MASTER CARD**

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Cardholder: (print) \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ /Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Serving The Appaloosa Industry for 30 Years*  
**1983 - 2013**