

Application form for WFFS-test (Warmblood Fragile Foal Syndrome)

I (horse owner) hereby commission

Name: _____

First name: _____

Membership number: _____

to have the Verband der Züchter des Holsteiner Pferdes e.V., test my horse for the hereditary disposition WFFS by the laboratory Certagen. The association can use the hair samples of my horse stored in the Certagen laboratory. I agree that the results of the examination may be passed on to the breeding association and stored. The costs for the WFFS-test amount to 25.00 Euro incl. VAT.

Horse details:

Life number: _____

Sex: _____

Sire: _____

Dam: _____

Sent by e-mail (hoffmann@holsteiner-verband.de), fax (00 49 431 - 33 61 42) or post to the Holsteiner Verband, Steenbeker Weg 151, D-24106 Kiel, Germany.

Date

Signature
