



# Riding Pony Stud Book Society Ltd

A Company Limited by Guarantee ACN 129 850 531 ABN 18 129 850 531

Post Office Box 623 RICHMOND NSW 2753

Ph: (02) 4577 5530

email: [general@rpsbs.com.au](mailto:general@rpsbs.com.au)

## DNA KIT APPLICATION

This application is made in respect of

Full name \_\_\_\_\_ Registration No. \_\_\_\_\_

Colour \_\_\_\_\_ Sex \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Full name of Sire \_\_\_\_\_ Reg. No. \_\_\_\_\_

Full name of Dam \_\_\_\_\_ Reg. No. \_\_\_\_\_

### REASON FOR TEST

\_\_\_\_ Parentage Verification \_\_\_\_ Stallion Type \_\_\_\_ Mare Type \_\_\_\_ Mare being used for AI or ET \_\_\_\_ Other

Please specify \_\_\_\_\_

Is this DNA result required by another breed society? \_\_\_\_ Yes \_\_\_\_ No

Name of Society(ies) \_\_\_\_\_

### OWNER/LESSEE DETAILS

Name \_\_\_\_\_ RPSBS Member No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FEES

**DNA Typing Kit Fee** \$70.00 (incl GST)

**Fast Track Fee** (optional and additional) \$40.00 (incl GST)

**Express Postage** (optional and additional) \$12.00 (incl GST)

**TOTAL FEES ENCLOSED** \$ \_\_\_\_\_

### NOTE

Mane hair samples may be collected by owner. It is no longer necessary to have hair samples collected by a veterinarian and the Vet ID form is no longer required.

All enquiries regarding DNA typing results must be directed to the RPSBS Registrar.

Forward this completed form and payment to:

Riding Pony Stud Book Society

Post Office Box 623

RICHMOND NSW 2753

### PAYMENT METHOD

**Cheque** ☐

Please make cheques payable to Riding Pony Stud Book Society Ltd

**Direct Deposit** ☐

Deposit to ANZ Bank BSB: 012-482 Account No. 9018 79841

Date Deposited \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Deposited \$ \_\_\_\_\_

**Please use your membership name as your banking reference AND lodge all relevant forms immediately after depositing funds.**

**Credit Card** ☐

Please debit my Mastercard / Visa for the amount of \$ \_\_\_\_\_

I authorise the RPSBS Ltd to debit the credit card noted for the amount listed. Additional fees to the value of \$25 may be debited without referral where my calculation of fees required is incorrect in order to finalise the transaction applied for.

Card Number \_\_\_\_\_

CVV \_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

Cardholders Name \_\_\_\_\_

Cardholders Signature \_\_\_\_\_

**DNA results may be shared with other recognised Breed Societies.**

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