

Service Requested

Inherited Disease Test (please specify) _____

Owner Information

Name _____

Address _____

City _____ State _____ Zip code _____

Phone #1 _____ Phone #2 _____

Email _____ Fax # _____

Canine Information

Call name _____ Registered Name _____

Registry _____ Registration # _____ Breed _____

Birthdate _____ Coat Color _____ Sex _____

Markings _____

DNA Profile # _____ Microchip # _____ Tattoo # _____

Sire of Tested Dog _____

Sire Registration # _____

Dam of Tested Dog _____

Dam Registration # _____

Reason for Testing _____

Payment Information

Amount: \$ _____ Enclosed Cashiers Check or Money Order

Credit Card # _____ Exp date _____

Name _____ Sign _____
(as it appears on card)

I hereby certify that the information appearing on this form is correct and true to the best of my knowledge. I hereby affirm that the specimen was collected and labeled properly. I understand that all test results and documentation will be provided only to me unless specified otherwise.

Signature _____

Date _____