



DNA Testing Submission Form

Inherited Traits and Disease Screening

Section I: Service Requested

Inherited Trait/Disease Test: *(please specify for each sample)* _____

Section II: Submitter's Information

Submitter's Name: *(please print legibly)* _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: (_____) _____ - _____ Phone #2: (_____) _____ - _____

Email: _____ Fax #: (_____) _____ - _____

Section III: Tested Animal's Information

Call Name: *(please print legibly)* _____ Sex: Male Female

Date of Birth: ____/____/____ Breed: _____ Coat Color: _____

Registered Name: _____ Registry: _____

Registration #: _____ Microchip #: _____

Tattoo #: _____ DNA Profile #: _____

Markings: _____

Sire of Tested Animal: _____

Sire Registration #: _____

Dam of Tested Animal: _____

Dam Registration #: _____

Reason for Testing: _____

If there are additional animals to be tested, please fill out their information in Section VI on the back of this form.

SAMPLE #1

Section IV: Payment Information

Amount: \$ _____ Payment by: Enclosed Cashier's Check or Money Order Credit Card *(information below)*

Credit Card Information* **Sorry, we do not accept American Express.*

MasterCard VISA Discover Card #: _____ Expiration Date: ____/____

Name: *(exactly as it appears on card)* _____ Security Code: _____

Sign Here

Signature of Cardholder: **X** _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Section V: Statement of Agreement

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 DNA sample was collected and labeled properly. I understand that all test results and documentation will be provided to only me, unless otherwise specified.

Sign Here

Signature: **X** _____ Date: **X** ____/____/____

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Section VI: Additional Tested Animal's Information

Call Name: *(please print legibly)* _____ Sex: Male Female
Date of Birth: ___/___/___ Breed: _____ Coat Color: _____
Registered Name: _____ Registry: _____
Registration #: _____ Microchip #: _____
Tattoo #: _____ DNA Profile #: _____
Markings: _____
Sire of Tested Animal: _____
Sire Registration #: _____
Dam of Tested Animal: _____
Dam Registration #: _____
Reason for Testing: _____

SAMPLE #2

Call Name: *(please print legibly)* _____ Sex: Male Female
Date of Birth: ___/___/___ Breed: _____ Coat Color: _____
Registered Name: _____ Registry: _____
Registration #: _____ Microchip #: _____
Tattoo #: _____ DNA Profile #: _____
Markings: _____
Sire of Tested Animal: _____
Sire Registration #: _____
Dam of Tested Animal: _____
Dam Registration #: _____
Reason for Testing: _____

SAMPLE #3

Call Name: *(please print legibly)* _____ Sex: Male Female
Date of Birth: ___/___/___ Breed: _____ Coat Color: _____
Registered Name: _____ Registry: _____
Registration #: _____ Microchip #: _____
Tattoo #: _____ DNA Profile #: _____
Markings: _____
Sire of Tested Animal: _____
Sire Registration #: _____
Dam of Tested Animal: _____
Dam Registration #: _____
Reason for Testing: _____

SAMPLE #4