

Canine Submission Form

OWNER INFORMATION	Name: _____ Business Name: _____
	Address: _____
	City: _____ State: _____ Zip Code: _____ Country: _____
	Phone #: _____ Fax #: _____ E-mail: _____

DOG INFORMATION	<u>Sample Information</u>
	Name: _____ Registration #: _____
	Breed: _____
	Gender: _____ Coat Color _____
	Year of Birth: _____ Coat Length (Long, short, or medium) _____
	<u>Parents of Dog</u>
	Sire's Name: _____
	Registration: _____ Breed: _____ Color: _____
	Dam's Name: _____
	Registration: _____ Breed: _____ Color: _____

TESTING INFORMATION	<u>Coat Color / Length</u>	<u>Genetic Disorders</u>	
	<input type="checkbox"/> A locus- "A ^y " (Fawn, Sable)	<input type="checkbox"/> Centronuclear Myopathy	<input type="checkbox"/> Exercise-Induced Collapse
	<input type="checkbox"/> A locus- "a" (Recessive Black)	<input type="checkbox"/> Fucosidosis	<input type="checkbox"/> Phosphofructokinase Deficiency (PFKD)
	<input type="checkbox"/> B locus- "b" (Brown, Liver, Chocolate)	<input type="checkbox"/> cord1-PRA	<input type="checkbox"/> Neuronal Ceroid Lipofuscinosis (NCL)
	<input type="checkbox"/> E locus- "E ^m " (Mask)	<input type="checkbox"/> rcd3-PRA	<input type="checkbox"/> Cyclic Neutropenia
	<input type="checkbox"/> E locus- "e" (Yellow, Red)	<input type="checkbox"/> Degenerative Myelopathy	<input type="checkbox"/> Hereditary Cataracts (HSF4)
	<input type="checkbox"/> K locus- "K ^B " (Dominant Black)	<input type="checkbox"/> Cystinuria	
	<input type="checkbox"/> D locus- "d" (Dilute)		
	<input type="checkbox"/> Hair Length (Short/Long)		

<u>DNA PROFILE/ PARENTAGE TEST</u>	<input type="checkbox"/> Individual DNA Profile (ISAG profile)	<input type="checkbox"/> Parentage Verification
<input type="checkbox"/> 1 puppy _____	<input type="checkbox"/> 4 puppy _____	
<input type="checkbox"/> 2 puppy _____	<input type="checkbox"/> 5 puppy _____	
<input type="checkbox"/> 3 puppy _____	<input type="checkbox"/> 6 puppy _____	

PAYMENT INFORMATION	<u>Payment</u>	<input type="checkbox"/> Check	<input type="checkbox"/> Money order	<input type="checkbox"/> Credit Card	<input type="checkbox"/> PayPal	Total Amount: _____	Check# _____	
	<u>Credit Card Information</u>							
	Print customer name:			Account #:			Exp:	
	Signature of Cardholder:					PayPal account: contact@animalgenetics.us		