

Canine Sample Submission Form

SUBMITTED BY	Name: _____ Business Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Country: _____ Phone#: _____ E-mail: _____
OWNER <small>if Different</small>	Name: _____ Business Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____

DOG INFORMATION	<p>Dog Information: Name: _____ Registration #: _____ Microchip #: _____ Breed: _____ Gender: _____ Coat Color: _____ Date of Birth: _____</p> <p>Parents of Dog *not required* Sire's Name: _____ Registration: _____ Breed: _____ Color: _____ Dam's Name: _____ Registration: _____ Breed: _____ Color: _____</p>
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TESTING INFORMATION	<p><u>Test For Coat Color</u></p> <p><input type="checkbox"/> A Locus - A^Y (Sable/Fawn) <input type="checkbox"/> A Locus - A^W (Wild Sable) <input type="checkbox"/> A Locus - A^t (Tricolor/Tan Points) <input type="checkbox"/> A Locus - a (Solid Black) <input type="checkbox"/> Complete A Locus Profile <input type="checkbox"/> B Locus - b (Chocolate/Red) <input type="checkbox"/> C Locus - Cocoa (French Bulldog) <input type="checkbox"/> D Locus - d¹⁻² (Dilute Blue/Lilac) <input type="checkbox"/> E Locus - e (Black/Yellow) <input type="checkbox"/> E Locus - E^M (Mask) <input type="checkbox"/> H Locus - Harlequin <input type="checkbox"/> K Locus - K^B (Dominant Black) <input type="checkbox"/> M Locus - Merle <input type="checkbox"/> S Locus - S (Piedbald, Parti) <input type="checkbox"/> Complete Color Profile *No Merle</p> <p><u>Test For Coat Type</u></p> <p><input type="checkbox"/> Hair Curl (1&2) <input type="checkbox"/> Hair Furnishings (1&2) <input type="checkbox"/> Hair Length (1-5) <input type="checkbox"/> Hair Shedding <input type="checkbox"/> Bobtail Gene <input type="checkbox"/> Complete Coat Type Panel <small>Includes Curl, Furnishings, Length & Shedding</small></p> <p><u>DNA Profile/Parentage</u></p> <p><input type="checkbox"/> ISAG DNA profile</p>	<p><u>Test For Genetic Disorders</u></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> ARVC</td> <td><input type="checkbox"/> DMS</td> <td><input type="checkbox"/> IVDD</td> <td><input type="checkbox"/> POAG</td> </tr> <tr> <td><input type="checkbox"/> AMS</td> <td><input type="checkbox"/> EFS CKCS-EF</td> <td><input type="checkbox"/> JHC</td> <td><input type="checkbox"/> POAG-PLL</td> </tr> <tr> <td><input type="checkbox"/> CEA</td> <td><input type="checkbox"/> EIC</td> <td><input type="checkbox"/> MD</td> <td><input type="checkbox"/> PRA-CNGA1</td> </tr> <tr> <td><input type="checkbox"/> CD (Cone Degeneration)</td> <td><input type="checkbox"/> Factor VII</td> <td><input 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PAYMENT INFORMATION	<p>Payment Amount: _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal paypal@animalgenetics.com</p>
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<p>Test results and invoice are sent via email as PDF. Check here for a copy of results by US Mail <input type="checkbox"/> Credit Card Information </p>		
Print name on card:	Card #:	Exp. Date:
Signature of cardholder:	Billing zip code (postal code):	3 or 4 digit security code #:

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