

Canine Sample Submission Form

OWNER INFORMATION

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

DOG INFORMATION

Sample Information

Name: _____ Registration #: _____
 Breed: _____
 Gender: _____ Coat Color _____
 Date of Birth: _____ Coat Length (long, medium, short) _____

Parents of Dog *not required*

Sire's Name: _____
 Registration: _____ Breed: _____ Color: _____
 Dam's Name: _____
 Registration: _____ Breed: _____ Color: _____

TESTING INFORMATION

2015 ASHGI Clinic

[Test For Genetic Disorders](#)

- | | | |
|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> CEA | <input type="checkbox"/> (CD) Cone Degeneration | <input type="checkbox"/> HC |
| <input type="checkbox"/> CMR1 | <input type="checkbox"/> HUU | <input type="checkbox"/> MDR1 |
| <input type="checkbox"/> DM | | |

[Combination Panels](#)

- Australian Shepherd Panel (all seven tests above)

PAYMENT INFORMATION

Payment Amount: _____ Check # _____ PayPal pre-registration

Signature: _____	Date: _____	: _____