

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: _____

Parents of Dog *not required*

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

TESTING INFORMATION

Test For Coat Color

- A Locus - A^y (Sable/Fawn)
- A Locus - A^t (Tricolor/Tan Points)
- A Locus - a (Solid Black)
- Complete A Locus Profile**
- B Locus - b (Chocolate/Red)
- D Locus - d (Dilute Blue/Lilac)
- E Locus - e (Black/Yellow)
- E Locus - E^m (Mask)
- H Locus - (Harlequin)
- K Locus - K^B (Dominant Black)
- M Locus - (Merle)
- S Locus - S (Piedbald, Parti)
- Complete Color Profile**
*does not include Merle or Harlequin

Test For Coat Type

- Hair Curl
- Hair Furnishings
- Hair Length
- Hair Shedding
- Bobtail Gene
- Complete Coat Type Panel

DNA Profile/Parentage

- ISAG DNA profile
- Parent Verification

Test For Genetic Disorders


- | | | |
|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> ARVC | <input type="checkbox"/> GR-PRA1 | <input type="checkbox"/> NewS |
| <input type="checkbox"/> AMS | <input type="checkbox"/> GR-PRA2 | <input type="checkbox"/> OA |
| <input type="checkbox"/> CEA | <input type="checkbox"/> HC | <input type="checkbox"/> OI |
| <input type="checkbox"/> (CD) Cone Degeneration | <input type="checkbox"/> JHC | <input type="checkbox"/> PFK |
| <input type="checkbox"/> CLAD | <input type="checkbox"/> HGA | <input type="checkbox"/> PH |
| <input type="checkbox"/> CMR1 | <input type="checkbox"/> HNPK | <input type="checkbox"/> PKD |
| <input type="checkbox"/> CMR2 | <input type="checkbox"/> HUU | <input type="checkbox"/> PLL |
| <input type="checkbox"/> (CN) Gray Collie Syndrome | <input type="checkbox"/> ICT/ICH | <input type="checkbox"/> POAG |
| <input type="checkbox"/> CNM | <input type="checkbox"/> IGS | <input type="checkbox"/> PRA-Cord1 |
| <input type="checkbox"/> Cystinuria | <input type="checkbox"/> IVDD | <input type="checkbox"/> PRA-Dominant |
| <input type="checkbox"/> DCM | <input type="checkbox"/> MD | <input type="checkbox"/> PRA-rcd1 |
| <input type="checkbox"/> DM | <input type="checkbox"/> MDR1 | <input type="checkbox"/> PRA-rcd3 |
| <input type="checkbox"/> EIC | <input type="checkbox"/> MH | <input type="checkbox"/> PRA-prcd |
| <input type="checkbox"/> Factor VII | <input type="checkbox"/> MLS | <input type="checkbox"/> TNS |
| <input type="checkbox"/> Fucosidosis | <input type="checkbox"/> NA | <input type="checkbox"/> VWDI |
| <input type="checkbox"/> FN | <input type="checkbox"/> NCCD | <input type="checkbox"/> VWDII |
| <input type="checkbox"/> Glaucoma (BC) | <input type="checkbox"/> NCL | <input type="checkbox"/> VWDIII |

Combination Panels

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Boxer | <input type="checkbox"/> Australian Shepherd | <input type="checkbox"/> English Springer Spaniel | <input type="checkbox"/> Goldendoodle |
| <input type="checkbox"/> Collie | <input type="checkbox"/> Golden Retriever | <input type="checkbox"/> Pembroke Welsh Corgi | <input type="checkbox"/> Border Collie |
| <input type="checkbox"/> Beagle | <input type="checkbox"/> Labrador Retriever | <input type="checkbox"/> Coton de Tulear | <input type="checkbox"/> Shetland Sheepdog |
| <input type="checkbox"/> Poodle | <input type="checkbox"/> French Bulldog | <input type="checkbox"/> Staffordshire Bull Terrier | <input type="checkbox"/> English Bulldog |
| <input type="checkbox"/> Doberman | | | |

PAYMENT INFORMATION

Payment Amount: _____ Check # _____ Credit Card PayPal paypal@animalgenetics.us

Test results and invoice are sent via email as PDF. Check here for a copy of results by US Mail **Credit Card Information** 

Print name on card:	Account #:	Exp. Date:
Signature of cardholder:	Billing zip code (postal code):	3 or 4 digit security code #: