VETERINARY DIAGNOSTICS CENTER

225 Corporate Court
Fairfield, OH 45014
1-800-625-0874

DNA Order Form

Owner / Submitter Information

Name_____

Address_____

City_____ State____ Zip code_____

Phone #1_____ Phone #2 _____

Email_____ Fax #_____

Animal Information

(Please note that Sire, Dam, and Progeny boxes are used for parentage cases only)

Sample #1 ☐ Sire ☐ Dam ☐ Progeny (circle) Male Female

Call name_____ Registered Name_____

Registry_____ Registration #_____ Breed_____

Birthdate_____ Coat Color_____

Sample #2 ☐ Sire ☐ Dam ☐ Progeny (circle) Male Female

Call name_____ Registered Name_____

Registry_____ Registration #_____ Breed_____

Birthdate_____ Coat Color_____

Sample #3 ☐ Sire ☐ Dam ☐ Progeny (circle) Male or Female

Call name_____ Registered Name_____

Registry_____ Registration #_____ Breed_____

Birthdate_____ Coat Color_____

Payment Information

Amount: $_____ ☐ Enclosed Cashiers Check or Money Order

☐ Credit Card #_____ Exp date_____

Name_____ Sign_____
(as it appears on card)

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

Signature_____ Date_____