

## 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<sup>y</sup> (Sable/Fawn)
- A Locus - A<sup>t</sup> (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<sup>m</sup> (Mask)
- H Locus - (Harlequin)
- K Locus - K<sup>B</sup> (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**  
(Includes Curl, Furnishings, Length, and Shedding)

DNA Profile/Parentage

- ISAG DNA profile
- Parent Verification

Test For Genetic Disorders


- |  |                                  |                                       |
|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> ARVC                      | <input type="checkbox"/> GR-PRA1 | <input type="checkbox"/> OA           |
| <input type="checkbox"/> AMS                       | <input type="checkbox"/> GR-PRA2 | <input type="checkbox"/> OI           |
| <input type="checkbox"/> CEA                       | <input type="checkbox"/> HC      | <input type="checkbox"/> PFK          |
| <input type="checkbox"/> (CD) Cone Degeneration    | <input type="checkbox"/> JHC     | <input type="checkbox"/> PH           |
| <input type="checkbox"/> CLAD                      | <input type="checkbox"/> HGA     | <input type="checkbox"/> PKD          |
| <input type="checkbox"/> CMR1                      | <input type="checkbox"/> HNPK    | <input type="checkbox"/> PLL          |
| <input type="checkbox"/> CMR2                      | <input type="checkbox"/> HUU     | <input type="checkbox"/> POAG         |
| <input type="checkbox"/> (CN) Gray Collie Syndrome | <input type="checkbox"/> ICT/ICH | <input type="checkbox"/> PRA-CNGA1    |
| <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"/> DMS                       | <input type="checkbox"/> MH      | <input type="checkbox"/> PRA-prcd     |
| <input type="checkbox"/> EIC                       | <input type="checkbox"/> MLS     | <input type="checkbox"/> SN           |
| <input type="checkbox"/> Factor VII                | <input type="checkbox"/> NA      | <input type="checkbox"/> TNS          |
| <input type="checkbox"/> Fucosidosis               | <input type="checkbox"/> NCCD    | <input type="checkbox"/> VWDI         |
| <input type="checkbox"/> FN                        | <input type="checkbox"/> NCL     | <input type="checkbox"/> VWDII        |
| <input type="checkbox"/> Glaucoma (BC)             | <input type="checkbox"/> NEwS    | <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 | <input type="checkbox"/> American Bulldog    | <input type="checkbox"/> Cocker Spaniel             | <input type="checkbox"/> _____             |

PAYMENT INFORMATION

**Payment** Amount: \_\_\_\_\_  Check # \_\_\_\_\_  Credit Card  PayPal [paypal@animalgenetics.us](mailto: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 #:

**By submitting this form, the customer understands that Animal Genetics Inc. retains full ownership of sample and shall in no way be liable for any incidental or consequential damages of any kind. Animal Genetics Inc. is not responsible for the origin/source of samples submitted by the individual customer. For future release, Animal Genetics may run additional tests on the sample submitted that are not requested on this form.**