

## Canine Submission Form-Full Litter

**OWNER INFORMATION**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**LITTER INFORMATION**


**Parents of Dogs**  
 Sire's Name: \_\_\_\_\_  
 Registration: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Dam's Name: \_\_\_\_\_  
 Registration: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Additional Possible Sire's Name (if needed): \_\_\_\_\_  
 Registration: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Litter Information**  
 Litter Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Dog	Sex	Color	Testing To Be Performed

**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 #: