



# APPLICATION FOR DNA PARENTAGE VERIFICATION

## ONE COMPLETED APPLICATION FORM PER SAMPLE

Owner:.....  
 Address:.....  
 .....  
 ..... State:..... P/Code:.....  
 Date Sample Collected: .....  
 Phone:..... Fax:.....  
 E-Mail:..... Membership No.....  
 .....

ABN: 87 455 118 302  
 SERVICE REQUIRED: (please tick)  
 DNA + PV   
 (Parentage Verification)  
 Additional PV's   
 DNA Type Semen/Stored   
 plasma/Tissue  
 DNA type only   
 DNA CASE NO:

Signature of Owner / Representative

Stud Name of Animal:..... Sex (M/F): .....  
 Registration Number:..... Physical Id ..... Twin: .....  
 Ear Tag Number:..... Herd Test Ident ..... DOB:..... Breed:.....

**COMPLETE THIS SECTION ONLY IF PARENTAGE VERIFICATION IS REQUIRED FOR ABOVE ANIMAL**

Stud Name of Donor or Dam:	Breed:	Reg. No:	Ear Tag:	DNA Case No.
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

  

Stud Name of Sire:	Breed:	Reg. No:	Ear Tag:	DNA Case No.
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....