



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