



ANIMAL DNA Testing Submission Form

Owner/Breeder Name			
Address			
Email			
Telephone			Date / /

ANIMALS SAMPLED					TESTS REQUESTED										
Lab Use Only	Name of Animal	Species <input type="checkbox"/> Cat or <input type="checkbox"/> Dog	Color	Microchip Number (if applicable)	CATS: HCM Ragdoll \$45 AUD	CATS: HCM Maine Coon \$45 AUD	CATS: PKD \$40 AUD	CATS: Agouti \$40 AUD	CATS: Color Points \$40 AUD	CATS: Chocolate/Cinnamon \$40 AUD	CATS: Dilute \$40 AUD	DNA Storage \$40 AUD	DNA Fingerprint \$45 AUD	Parentage <input type="checkbox"/> Dam <input type="checkbox"/> Sire <input type="checkbox"/> Offspring \$130 AUD	Additional Animals for Verification \$35 AUD
1		<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2		<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3		<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4		<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5		<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
6		<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
7		<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
8		<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL					\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

DISCOUNT (10% discount for Associations/Clubs/Societies registered with Animal DNA Lab). Please provide Animal DNA Lab registration number to qualify.	REGISTRATION NUMBER	\$ DISC AMOUNT
	GRAND TOTAL	\$ GRAND TOTAL

PAYMENT DETAILS (Please Tick Appropriate Box)	
Payment Method	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex
Cardholder Name	
Credit Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Signature of Cardholder

Who Collected the Samples: Name _____ Signature _____

PLEASE NOTE: To ensure confidentiality, results will not be provided by phone. Results will be emailed to the above address. Please allow 5-7 working days from the date your sample arrives in our laboratory to the result being sent.

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