



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			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ <input type="checkbox"/> D, S or O	\$ <input type="checkbox"/> D, S or O
	2	<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ <input type="checkbox"/> D, S or O	\$ <input type="checkbox"/> D, S or O
	3	<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ <input type="checkbox"/> D, S or O	\$ <input type="checkbox"/> D, S or O
	4	<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ <input type="checkbox"/> D, S or O	\$ <input type="checkbox"/> D, S or O
	5	<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ <input type="checkbox"/> D, S or O	\$ <input type="checkbox"/> D, S or O
	6	<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ <input type="checkbox"/> D, S or O	\$ <input type="checkbox"/> D, S or O
	7	<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ <input type="checkbox"/> D, S or O	\$ <input type="checkbox"/> D, S or O
	8	<input type="checkbox"/> C or D			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ <input type="checkbox"/> D, S or O	\$ <input type="checkbox"/> D, S or O
TOTAL (Page 1)					\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL (carried from Page 2)					\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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"/>
Expiry Date	<input type="text"/> / <input type="text"/>	Signature of Cardholder	<input type="text"/>

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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