



Animal Genetics

3382 Capital Cir. NE, Tallahassee FL 32308

Sample #: _____ Date: _____

FOR OFFICE USE ONLY

Canine Submission Form-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

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):	

Animal Genetics, Inc. 3382 Capital Circle NE, Tallahassee, FL 32308 • animalgenetics.com • Toll Free 866-922-6436 • 850-386-2973

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