



GenServe Laboratories™
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FOR LABORATORY USE ONLY
Case No.
Date Received

Goat

APPLICATION FOR TESTING PLEASE TYPE – or - PRINT CLEARLY

NAME OF OWNER		BREED	Owner Contact Information						
			Phone Number: ()						
FARM NAME		Postal Code		Fax Number: ()					
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Mailing Address		City or Town	Prov.	Email:					

ANIMAL IDENTIFICATION					PARENTS*	
NAME, REGISTRATION NUMBER , and SRC Case No. (if previously submitted)	TATTOO		DATE of BIRTH (dd/mm/yyyy)	SEX	SIRE	
	Lt. ear	Rt. ear			Name, Registration No. and SRC Case No.	

*if there is doubt concerning the true parents, state facts and list possible alternates with breeding dates, if known, on the reverse side.

TEST TYPES (Check the requested tests)

Genotype Only _____
 (no parentage)

Parentage Test: a) Verify to Sire only _____
 b) Verify to Dam only _____
 c) Verify to Sire and Dam _____

PAY BY: Cheque*, Money Order, VISA or MASTERCARD

Name on Credit Card: _____
 Credit Card Number: _____
 Expiry Date: _____

*make cheques payable to GenServe Laboratories

CERTIFICATION OF IDENTIFICATION OF ANIMALS

I hereby certify that I have properly identified all animals listed above and that each sample was correctly labeled.

DATE _____

SIGNATURE _____
 (Owner, Leasee or Authorized Agent)