

SASKATCHEWAN RESEARCH COUNCIL
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 A Joint Venture of SRC and Bova-Can



Purebred Dexter Cattle Association of
 North America
 494 High Street
 Prairie Home, MO 65068
 U.S.A.
 Phone: 660-841-9502

FOR LABORATORY USE ONLY
Case No.
Date Received

APPLICATION FOR CHONDRODYSPLASIA DNA TEST FOR DEXTER CATTLE

NAME OF OWNER				Date animal(s) sampled	
Street Address	City or Town	State	Zip Code	Name of person taking sample(s)	
Phone No.	Email Address			Address and Phone No. of person taking sample(s) if different from owner	

ANIMAL from which SAMPLE was TAKEN				PARENTS OF ANIMAL SAMPLED		
NAME & REGISTRATION NUMBER	DATE of BIRTH	TATTOO / ID NUMBER		SEX	SIRE'S Name & Registration No.	DAM'S Name & Registration No.
		Right Ear	Left Ear			
				M F		
				M F		
				M F		
				M F		
				M F		

CERTIFICATION OF IDENTIFICATION OF PUREBRED ANIMALS

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

BE SURE THAT ALL SAMPLE ENVELOPES ARE PROPERLY AND COMPLETELY LABELED. SEE INSTRUCTION SHEET FOR HANDLING SAMPLES AND SHIPPING INSTRUCTIONS.

