

OWNER INFORMATION

Name: _____ Business Name: _____
 Address: _____
 City: _____ State: _____ Post Code: _____ Country: _____
 Phone #: _____ E-mail: _____

DOG INFORMATION

Sample Information
 Name: _____ Registration #: _____
 Animal ID _____ Breed: _____
 Gender: _____ Coat Colour _____
 Date of Birth: _____ Coat Length _____

Parents of Dog *not required*
 Sire's Name: _____
 Registration: _____ Breed: _____ Colour: _____
 Dam's Name: _____
 Registration: _____ Breed: _____ Colour: _____

TESTING INFORMATION

<u>COAT COLOR & PATTERN</u>	<u>INHERITED GENETIC DISORDERS</u>	
<input type="checkbox"/> A locus - A ^Y (sable/fawn) <input type="checkbox"/> A locus - A ^t (tricolor/tan points) <input type="checkbox"/> A locus - a (solid black) <input type="checkbox"/> Complete A locus profile <input type="checkbox"/> B locus - b (chocolate) (Cannot be tested in French Bulldogs) <input type="checkbox"/> D locus - d (dilute) <input type="checkbox"/> E locus - e (yellow) <input type="checkbox"/> E locus - E ^m (mask) <input type="checkbox"/> K locus - K ^B (dominant black) <input type="checkbox"/> S locus - S (Piedbald, Parti) <input type="checkbox"/> Complete Colour Profile <input type="checkbox"/> Hair Curl <input type="checkbox"/> Hair Furnishings <input type="checkbox"/> Hair Length <input type="checkbox"/> Bobtail Gene	<input type="checkbox"/> ARVC <input type="checkbox"/> CEA <input type="checkbox"/> (CD) Cone Degeneration <input type="checkbox"/> CLAD <input type="checkbox"/> CMR1 <input type="checkbox"/> CMR2 <input type="checkbox"/> (CN) Gray Collie Syndrome <input type="checkbox"/> CNM <input type="checkbox"/> Cystinuria <input type="checkbox"/> DM <input type="checkbox"/> EIC <input type="checkbox"/> Factor VII <input type="checkbox"/> Fucosidosis <input type="checkbox"/> GR-PRA1 <input type="checkbox"/> GR-PRA2	<input type="checkbox"/> HC <input type="checkbox"/> ICT <input type="checkbox"/> IGS <input type="checkbox"/> JHC <input type="checkbox"/> HGA <input type="checkbox"/> HNPk <input type="checkbox"/> HUU <input type="checkbox"/> PLL <input type="checkbox"/> MD <input type="checkbox"/> MDR1 <input type="checkbox"/> MH <input type="checkbox"/> MLS <input type="checkbox"/> NA <input type="checkbox"/> NCCD <input type="checkbox"/> Other.....
<input type="checkbox"/> NCL <input type="checkbox"/> NEwS <input type="checkbox"/> OI <input type="checkbox"/> PFK <input type="checkbox"/> PH <input type="checkbox"/> PKD <input type="checkbox"/> POAG <input type="checkbox"/> PRA-Cord1 <input type="checkbox"/> PRA-Dominant <input type="checkbox"/> PRA-rcd1 <input type="checkbox"/> PRA-rcd3 <input type="checkbox"/> SD2 <input type="checkbox"/> TNS <input type="checkbox"/> VWDI		

Please tick this box if you wish your results to be notified directly to the Kennel Club as part of the official UK KC Health Scheme
 Kennel Club UK Registration Number.....

Payment Amount: _____ Cheque # _____ Credit / Debit Card

PAYMENT INFORMATION

Credit Card Information		Please note: Canine results can take up to 10 working days.	
Print name as it appears on card:	Card Number:	Exp. Date:	
Signature of cardholder:	First line of address and postcode:	3 or 4 digit security code No:	