

LITTER DNA TEST FORM

OWNER DETAILS

Owner Name:

Email:

Prefix:

Membership Number:

Owner

Consent:

My signature below, hereby gives consent to Dogs Queensland to have full access to the DNA profile information only of the animals submitted on this form. DNA profile information can be used for the parentage confirmation if the parents have also been DNA profiled.
Dogs Queensland will not have access to FULL BREED PROFILE test results, these will be emailed directly to the Owner from Massey University

Signature: _____ Date:

Litter Information

DNA Profile with Parentage \$49.50 per puppy.

Litter DOB:

Dog # 1 Name:

Microchip No.:

Sex: Male

Female

DNA Parentage:

Full Breed Profile:

Dog # 2 Name:

Microchip No.:

Sex: Male

Female

DNA Parentage:

Full Breed Profile:

Dog # 3 Name:

Microchip No.:

Sex: Male

Female

DNA Parentage:

Full Breed Profile:

Dam Microchip No.:

Sire Microchip No.:

ADDITIONAL PUPPIES ON PAGE 2 FOR SAME LITTER

Registration documents included:

Registration Completed via Show Manager:

AUTHORISED COLLECTORS DETAILS

Collected by Veterinarian:

Collected by Authorised Agent:

Agent ID:

Collection Date:

Numbers of samples collected:

Collectors Name:

Signature: _____

LITTER DNA TEST FORM

Dog # 4 Name:

Microchip No.:

Sex: Male Female DNA Parentage: Full Breed Profile:

Dog # 5 Name:

Microchip No.:

Sex: Male Female DNA Parentage: Full Breed Profile:

Dog # 6 Name:

Microchip No.:

Sex: Male Female DNA Parentage: Full Breed Profile:

Dog # 7 Name:

Microchip No.:

Sex: Male Female DNA Parentage: Full Breed Profile:

Dog # 8 Name:

Microchip No.:

Sex: Male Female DNA Parentage: Full Breed Profile:

Dog # 9 Name:

Microchip No.:

Sex: Male Female DNA Parentage: Full Breed Profile:

Dog # 10 Name:

Microchip No.:

Sex: Male Female DNA Parentage: Full Breed Profile:

Dog # 11 Name:

Microchip No.:

Sex: Male Female DNA Parentage: Full Breed Profile:

CANINE CONTROL COUNCIL (QLD) CREDIT CARD PAYMENTS		
MASTERCARD <input type="checkbox"/>	VISA CARD <input type="checkbox"/>	(TICK ONE BOX)
MEMBERSHIP No.: _____	NAME ON CARD: <input type="text"/>	
CARD No.: _____ - _____ - _____ - _____	CARD EXPIRY DATE: ____ / ____	
AMOUNT: \$ <input type="text"/>	CARDHOLDER'S PHONE No.: _____	
CARDHOLDER'S SIGNATURE: _____	DATE: ____ / ____ / 20__	