


## Canine Submission Form-Full Litter

<b>OWNER INFORMATION</b>	Name: _____ Business Name: _____
	Address: _____
	City: _____ State: _____ Zip Code: _____ Country: _____
	Phone #: _____ Fax #: _____ E-mail: _____

<b>LITTER INFORMATION</b>	<b><u>Parents of Dogs</u></b>
	Sire's Name: _____
	Registration: _____ Breed: _____ Color: _____
	Dam's Name: _____
	Registration: _____ Breed: _____ Color: _____
	Additional Possible Sire's Name (if needed): _____
	Registration: _____ Breed: _____ Color: _____
	<b><u>Litter Information</u></b>
	Litter Registration Number: _____ Date of Birth: _____

Name of Dog	Sex	Color	Testing To Be Performed

<b>PAYMENT INFORMATION</b>	<b><u>Payment</u></b> Amount: _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal <a href="mailto:paypal@animalgenetics.us">paypal@animalgenetics.us</a>
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<b>Test results and invoice</b> are sent via email as PDF. Check here for a copy of results by US Mail <input type="checkbox"/> <b>Credit Card Information</b> 		
Print name on card: _____	Account #: _____	Exp. Date: _____
Signature of cardholder: _____	Billing zip code (postal code): _____	3 or 4 digit security code #: _____