

Canine Sample Submission Form

OWNER	Name: _____ Business Name: _____
	Address: _____
	City: _____ County: _____ Post Code: _____ Country: _____
	Phone No: _____ E-mail: _____

DOG INFORMATION	Sample Information
	Name: _____ Registration No: _____
	Microchip No: _____ Breed: _____
	Gender: _____ Coat Colour _____ Date of Birth: _____

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

TESTING INFORMATION	<p><u>Test For Coat Colour</u></p> <input type="checkbox"/> A Locus - A ^y (Sable/Fawn) <input type="checkbox"/> A Locus - A ^w (Wild Sable) <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/Red) <input type="checkbox"/> Co Locus - (Cocoa/French bulldog) <input type="checkbox"/> D Locus - d ¹⁻² (Dilute Blue/Lilac) <input type="checkbox"/> E Locus - e (Black/Yellow) <input type="checkbox"/> E Locus - E ^M (Mask) <input type="checkbox"/> H Locus - Harlequin <input type="checkbox"/> K Locus - K ^B (Dominant Black) <input type="checkbox"/> M Locus - Merle <input type="checkbox"/> S Locus - S (Piedbald, Parti) <input type="checkbox"/> Complete Colour Profile *does not include Merle	<p><u>Test for Genetic Disorders</u></p> <table border="0"> <tr> <td><input type="checkbox"/> ARVC</td> <td><input type="checkbox"/> DMS</td> <td><input type="checkbox"/> IVDD</td> <td><input type="checkbox"/> PLL</td> </tr> <tr> <td><input type="checkbox"/> AMS</td> <td><input type="checkbox"/> EFS CKCS-EF</td> <td><input type="checkbox"/> JHC</td> <td><input type="checkbox"/> POAG</td> </tr> <tr> <td><input type="checkbox"/> CEA</td> <td><input type="checkbox"/> EIC</td> <td><input type="checkbox"/> MD</td> <td><input type="checkbox"/> POAG-PLL</td> </tr> <tr> <td><input type="checkbox"/> CD (Cone Degeneration)</td> <td><input type="checkbox"/> Factor VII</td> <td><input type="checkbox"/> MDR1</td> <td><input type="checkbox"/> PRA-CNGA1</td> </tr> <tr> <td><input type="checkbox"/> CKCSID</td> <td><input type="checkbox"/> Fucosidosis</td> <td><input type="checkbox"/> MH</td> <td><input type="checkbox"/> PRA-Cord1</td> </tr> <tr> <td><input type="checkbox"/> CLAD</td> <td><input type="checkbox"/> FN</td> <td><input type="checkbox"/> MLS</td> <td><input type="checkbox"/> PRA-Dominant</td> </tr> <tr> <td><input 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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 _____ Microchip number _____
 Requests for submission to the Kennel Club cannot be added or removed after the sample is received.

PAYMENT INFORMATION	Payment Amount: _____ <input type="checkbox"/> Cheque No. _____ <input type="checkbox"/> Credit / Debit Card
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Credit Card Information		
Print name on card:	Card number:	Exp. Date:
Signature of cardholder:	Post Code:	3 or 4 digit security code: