

## Client Information Form

Owner	Sender / Clinic
<b>CAG Client ID*</b> _____	<b>CAG Client ID*</b> _____
Surname _____	Surname _____
First Name _____	First Name _____
Company _____	Institution _____
Street _____	Street _____
Zip code/City _____	Zip code/City _____
Phone _____	Phone _____
Email _____	Email _____
VAT # _____	VAT # _____

\*if CAG Client ID is known, other fields not required

**Results**

to owner

to sender/clinic

to Registry \_\_\_\_\_

**Invoice**

to owner\*

to sender/clinic

\* If owner is responsible for payment, please sign in the space designated below.

## Instructions & Information

- Multiple animal information forms and samples may be submitted with this order form.
- CAG cannot accept incomplete submission forms.
- Check with your registry to determine if a veterinarian must take the sample and verify the animal's identity for results to be accepted.
- Invoice and results will be sent by email to the parties indicated above.
- Orders will be processed immediately upon receipt in the laboratory; however, results will not be reported until full payment is received.

## Summary

**Number of samples submitted** \_\_\_\_\_ **Number of tests requested** \_\_\_\_\_

**Number of certificates requested\*** \_\_\_\_\_ **Total Cost** \_\_\_\_\_

\*An official certificate of the results can be issued for an extra 5€ each if a veterinarian has verified animal identities and conducted sampling.

***I certify that I am the owner of the animal(s), or have the owner's permission to submit samples from the animal(s) for DNA testing.***

**Signature of sender** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of owner** \_\_\_\_\_ **Date:** \_\_\_\_\_

(if necessary)

Office Use Only

CAG Sample # \_\_\_\_\_

CAG Order # \_\_\_\_\_

## Sample Submission & Order Form

### Sample 1

<b>CAG Client ID*</b> _____	<b>CAG Animal ID*</b> _____
<b>Owner Name</b> _____	<b>Animal Name</b> _____
<b>Chip/Tattoo</b> _____	<b>Breed</b> _____
<b>Date of Birth</b> _____	<b>Color</b> _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Name of Sire*</b> _____ <small>(or CAG Animal ID)</small>	<b>Sire Registry &amp; Reg. #</b> _____ <small>(or microchip/tattoo #)</small>
<b>Name of Dam*</b> _____ <small>(or CAG Animal ID)</small>	<b>Dam Registry &amp; Reg. #</b> _____ <small>(or microchip/tattoo #)</small>
<b>Species</b> <input type="checkbox"/> Horse <input type="checkbox"/> Dog <input type="checkbox"/> Cat	<b>Sample Type</b> <input type="checkbox"/> Blood <input type="checkbox"/> Hair <input type="checkbox"/> Swab

\*if CAG ID numbers are known, other fields not required

### Tests Requested

<input type="checkbox"/> <b>Disease Test(s) #</b> _____	<input type="checkbox"/> <b>Identity Test</b>
<input type="checkbox"/> <b>Phenotype Test(s) #</b> _____	<input type="checkbox"/> <b>Parentage Test (3 samples)</b>
<input type="checkbox"/> <b>Submit to Registry</b> _____	<input type="checkbox"/> <b>Certificate(s)*</b>

\*An official certificate of the results can be issued for an extra 5 € each if a veterinarian has verified animal identities and conducted sampling.

### Sample 2

<b>CAG Client ID*</b> _____	<b>CAG Animal ID*</b> _____
<b>Owner Name</b> _____	<b>Animal Name</b> _____
<b>Chip/Tattoo</b> _____	<b>Breed</b> _____
<b>Date of Birth</b> _____	<b>Color</b> _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Name of Sire*</b> _____ <small>(or CAG Animal ID)</small>	<b>Sire Registry &amp; Reg. #</b> _____ <small>(or microchip/tattoo #)</small>
<b>Name of Dam*</b> _____ <small>(or CAG Animal ID)</small>	<b>Dam Registry &amp; Reg. #</b> _____ <small>(or microchip/tattoo #)</small>
<b>Species</b> <input type="checkbox"/> Horse <input type="checkbox"/> Dog <input type="checkbox"/> Cat	<b>Sample Type</b> <input type="checkbox"/> Blood <input type="checkbox"/> Hair <input type="checkbox"/> Swab

\*if CAG ID numbers are known, other fields not required

### Tests Requested

<input type="checkbox"/> <b>Disease Test(s) #</b> _____	<input type="checkbox"/> <b>Identity Test</b>
<input type="checkbox"/> <b>Phenotype Test(s) #</b> _____	<input type="checkbox"/> <b>Parentage Test (3 samples)</b>
<input type="checkbox"/> <b>Submit to Registry</b> _____	<input type="checkbox"/> <b>Certificate(s)*</b>

\*An official certificate of the results can be issued for an extra 5 € each if a veterinarian has verified animal identities and conducted sampling.

### Declarations

*I have read and accept the Terms and Conditions as published on the CAG website ([www.centerforanimalgenetics.com](http://www.centerforanimalgenetics.com)).*  
*I understand that DNA extracted from this sample may be anonymized and used for research in animal genetics.*

**Signature of sender:** \_\_\_\_\_  
(if different than Veterinarian)

**Date:** \_\_\_\_\_

*I certify that I have verified the identity (microchip or tattoo) of the animal(s) described on this form and conducted the sampling.*

**Signature of Veterinarian:** \_\_\_\_\_  
(if necessary)

**EDV #** \_\_\_\_\_

**Date:** \_\_\_\_\_

Stamp