

Please complete this form and mail all three: Animal Information Form, Order Form, and Hair Sample along with check payable to ADCA.

American Dexter Cattle Association

Owner Name \_\_\_\_\_ ADCA member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred method of receiving results: (Please check all that apply)

Email \_\_\_\_\_ Postal Mail \_\_\_\_\_ Both \_\_\_\_\_

Method of Payment must be by check payable to ADCA.

XX Check enclosed (payable to ADCA) Check # \_\_\_\_\_ Total Amount of Check \_\_\_\_\_

Enter animal's name, place X under the desired tests. Please refer to the chart on page 2 for bundle pricing (N/A for Genotype or A2 tests)

Animal's Name	DNA Typing/Parentage \$25	A2 \$23	Chondrodysplasia \$20	PHA \$20	Red/Black \$20	Dun \$20	Polled \$20	Testing Cost/Animal

**Total Testing Cost: \_\_\_\_\_**

Customer Name \_\_\_\_\_