Sample Submission Form	Check: AMT:
	Received Date:

Owner Information:

Owner name:	Farm/Ranch:
Address:	City, State Zip:
Phone (Home):	Phone (Cell):
E-mail:	
Member Association:	Member ID:

Lab ID *OfficeUse Only*	Sex	Tattoo /Tag	Reg No.	Sire Reg No.	Dam Reg No.	D.O.B	Animal Name	TH	PHA	DS	CC	AM	NH	CA	DD	HY	OS	MA	IE	DL	FM

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