



HWY 16 E & Floral Rd  
 Site 501 Comp 11  
 RR 5 Station Main  
 Saskatoon SK S7K 3J8

Phone No. (306) 956-2071

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FOR LABORATORY USE ONLY
Case No.
Date Received

# Sheep

**APPLICATION FOR TESTING** PLEASE TYPE – or - PRINT CLEARLY

NAME OF OWNER		BREED	Owner Contact Information						
			Phone Number: (    )						
FARM NAME		Postal Code		Fax Number: (    )					
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Mailing Address		City or Town	Prov.	Email:					

ANIMAL IDENTIFICATION					PARENTS*	
NAME, REGISTRATION NUMBER , and SRC Case No. (if previously submitted)	TATTOO		DATE of BIRTH (dd/mm/yyyy)	SEX	SIRE	DAM
	Lt. ear	Rt. ear			Name, Registration No. and SRC Case No.	Name, Registration No. and SRC Case No.

\*if there is doubt concerning the true parents, state facts and list possible alternates with breeding dates, if known, on the reverse side.

TEST TYPES (Check the requested tests)

Genotype Only \_\_\_\_\_  
 (no parentage)

Parentage Test: a) Verify to Sire only \_\_\_\_\_  
 b) Verify to Dam only \_\_\_\_\_  
 c) Verify to Sire and Dam \_\_\_\_\_

PAY BY: Cheque\*, Money Order, VISA or MASTERCARD

Name on Credit Card: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_

\*make cheques payable to GenServe Laboratories

**CERTIFICATION OF IDENTIFICATION OF ANIMALS**

I hereby certify that I have properly identified all animals listed above and that each sample was correctly labeled.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
 (Owner, Leasee or Authorized Agent)