



AUSTRALIAN SHEPHERD CLUB OF AMERICA®

6091 E. State Hwy 21
Bryan, TX 77808-9652
www.asca.org

P: (979) 778-1082
F: (979) 778-1898
manager@asca.org

REQUEST FOR DNA TEST KITS

I, _____ would like to request _____ DNA Test kit(s)
(Your Name) (Number)

Payment: The amount includes the price of the kit and the testing fee charged to ASCA, by the lab. This must be paid to ASCA when purchasing the kits.

Number of **Blood Kits** _____ **x \$40.00 =** _____ **Check one:** Card Draw

Number of **Cheek Swab Kits** _____ **x \$45.00=** _____

If using Credit Card: #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration date:

--	--	--	--

 3-digit Security Code (on back of card after number)

--	--	--

Signature: _____ Membership # _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

*You may fax this request to the office