



****Send This Form to the Lab with the Sample****
 PLEASE SEND A COPY OF THE ASCA REGISTRATION CERTIFICATE FOR EACH DOG

AUSTRALIAN SHEPHERD CLUB OF AMERICA®

DNA Sample Submission for Identification/Parentage Verification
 (See Instructions on Reverse Side)

LAB USE ONLY	
DATE RECEIVED:	CASE NUMBER:
SPECIES: Canine	BREED: Australian Shepherd

1. SAMPLE IDENTIFICATION

DOG'S NAME (ASCA REGISTERED NAME IF APPLICABLE OR OTHER, E.G. "PUPPY #1 BLACK TRI") _____

SEX (M OR F) _____ DATE OF BIRTH _____ ASCA OR OTHER ORG REGISTRATION NUMBER, LITTER NUMBER, OR "PENDING" _____

SIRE #1 REGISTERED NAME _____ SIRE #1 REGISTRATION NUMBER _____

SIRE #2 REGISTERED NAME _____ SIRE #1 REGISTRATION NUMBER _____

DAM REGISTERED NAME _____ DAM REGISTRATION NUMBER _____

SAMPLE TYPE: BLOOD TUBE BLOOD CARD: OTHER (describe) _____

2. OWNER INFORMATION

OWNER NAME(S) _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

TELEPHONE NUMBER(S) _____ E-MAIL _____

I HEREBY CERTIFY THE ABOVE PARENTAGE AND PARTICULARS ARE CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN MAKING THIS APPLICATION I HEREBY SUBJECT MYSELF TO ALL THE PROVISIONS OF THE BY-LAWS, RULES, AND REGULATIONS OF THE AUSTRALIAN SHEPHERD CLUB OF AMERICA, INC. (ASCA.) AS THEY NOW EXIST OR MAY BE AMENDED, KNOWLEDGE OF WHICH I NOW HAVE OR WILL IMMEDIATELY ACQUIRE.

I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR FOLLOWING SAMPLE COLLECTION PROCEDURES AS INSTRUCTED AND CERTIFY THAT THIS SAMPLE HAS BEEN COLLECTED IN ACCORDANCE TO THE INSTRUCTIONS ACCOMPANYING THIS APPLICATION.

SIGNATURE OF OWNER _____ ASCA MEMBERSHIP NUMBER _____ DATE _____

3. GENE BANK SUBMISSION (blood tube samples only)

I HEREBY AUTHORIZE THE AUSTRALIAN SHEPHERD CLUB OF AMERICA, INC. (ASCA) AND/OR ITS DESIGNATED DNA LABORATORY REPRESENTATIVES AND CONTRACTORS TO TRANSFER GENETIC MATERIAL FROM THE ABOVE SPECIFIED ASCA REGISTERED AUSTRALIAN SHEPHERD TO AN ASCA AUTHORIZED RESEARCHER AND/OR RESEARCH FACILITY. I UNDERSTAND THAT THE IDENTITY OF DOGS AND OWNERS PARTICIPATING IN THIS PROGRAM WILL NOT BE REVEALED.

SIGNATURE OF OWNER _____ ASCA MEMBERSHIP NUMBER _____ DATE _____