



BISON SAMPLE IDENTIFICATION FORM
Veterinary Genetics Laboratory
 University of California, Davis
 One Shields Avenue (for all U.S. Postal Service)
 Old Davis Road (for overnight deliveries via FedEx, UPS or DHL)
 Davis, CA 95616-8744

(530) 752-2211

FAX (530) 752-3556

www.vgl.ucdavis.edu

(PLEASE PRINT LEGIBLY OR TYPE)

Owner/Agent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (include area code): _____ FAX (include area code): _____

E-mail address for results: _____

Results will **EITHER** be (1) mailed and e-mailed; **OR** (2) mailed and faxed to address provided above.

I hereby certify that the Bison described below by name and number is the Bison from which the sample was taken.

Person taking sample: _____
Print name Signature Date

Type of test:

- DNA from hair
- DNA other tissue (must be approved by VGL)

Reason for testing:

- Permanent file - \$40 per animal
- Parentage verification - \$40 per animal
- Hybridization test - \$40 per animal
- Additional explanation (if needed): _____

BISON SAMPLED				PARENTS OF BISON SAMPLED			
Registered Name of Bison <small>Only one Bison per form</small>	Registration #	Sex (circle one)	Date of Birth		Name of Bison	Registration #	VGL Case # if previously tested
		Male		Sire			
		Female		Dam			

Instructions

- (1) Send 20-30 coarse hairs from the switch pulled with roots attached in an envelope.
- (2) Label envelope clearly with the Bison's name as indicated on the paperwork or registration papers.
- (3) Include a check or money order payable to **U.C. Regents** for lab fees.
- (4) **Non-U.S.** checks must have "U.S. Dollars" or "USD" imprinted **by a bank**.
- (5) American Express, Discover, MasterCard or VISA can be used for payment by completing the form on the following page.
- (6) Send package first class mail or via any two-day or next-day service to address listed above.
- (7) Samples will not be tested until payment is received.

Results:

- (1) One copy will be mailed to the address in upper left corner.
- (2) Results will also be e-mailed or faxed if information is provided in the upper left hand corner.
- (3) All results are **confidential**. The Veterinary Genetics Laboratory **will not provide** results by phone and the results will only be released to person listed in upper left hand corner.

VGL OFFICE USE ONLY	
Check #	_____
Amount	_____
Date	_____



VETERINARY GENETICS LABORATORY
SCHOOL OF VETERINARY MEDICINE
TELEPHONE: (530) 752-2211
FAX: (530) 752-3556

ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8744

Credit Card Authorization Form

VGL Office Use	
VGL Case #s:	_____
Amt. Charged:	_____
Date Charged:	_____

Credit Card Information	
Print customer name as it appears on card:	
Account Number:	Expiration Date:
Daytime Phone Number:	Card Type*:
Signature of Cardholder	
Total amount authorized to be charged: _____	

* Accepted credit cards: American Express, Discover, MasterCard, and VISA

Client's name as it appears on sample submission form: _____