



**Telephone** (530) 752-2211  
**FAX** (530) 752-3556  
**Web-site** www.vgl.ucdavis.edu

## BISON TEST FORM

**Postal Address**  
 Veterinary Genetics Laboratory  
 PO Box 1102  
 Davis, CA 95617-1102

**DHL/FedEx/UPS Address**  
 Veterinary Genetics Laboratory  
 University of California, Davis  
 Old Davis Road  
 Davis, CA 95616-8744

(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		<b>Sire</b>			
		Female		<b>Dam</b>			

**Instructions**

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

**Results:**

- One copy will be mailed to the address in upper left corner.
- Results will also be e-mailed or faxed if information is provided in the upper left hand corner.
- 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: \_\_\_\_\_