



Telephone (530) 752-2211

FAX (530) 752-3556

Web-site www.vgl.ucdavis.edu

CAMELID 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 Camelid described below by name and number is the Camelid 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

Additional explanation (if needed): _____

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

Instructions

- Send 20-30 pulled hairs with roots attached from the tail area. Place in an envelope.
- Label envelope clearly with the animal'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: _____