

## DEER TEST FORM



**Telephone** (530) 752-2211

**FAX** (530) 752-3556

**Web-site** www.vgl.ucdavis.edu

**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 deer described below by name and number is the deer 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): \_\_\_\_\_

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

**Instructions**

- (1) Send 20-30 pulled hairs with roots attached from the tail area. Place in an envelope.
- (2) Label envelope clearly with the animal'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: \_\_\_\_\_