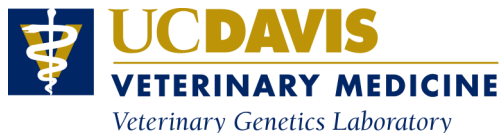


CATTLE BREED ASSIGNMENT SAMPLE IDENTIFICATION FORM



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: _____

Signature of Person Taking Sample: _____ Date: _____

Type of sample:

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

Fee: \$120 per animal - includes DNA typing and breed analysis

CATTLE SAMPLED						PARENTS OF CATTLE SAMPLED		
Registered Name of Animal <small>Only one animal per form</small>	Registration #	Year of Birth	Breed Code	Sex	Color	Sire and Dam	Name of Animal	Registration #
						Sire		
						Dam		

Instructions:

- (1) Send 20-30 coarse hairs, pulled with roots attached, from the switch of the tail in an envelope (business size preferred).
- (2) Or send 5-10 cc of whole blood in a lavender top tube (EDTA). Refrigerate blood at least 2 hours prior to mailing.
- (3) Label samples clearly with the cattle's name as indicated on the paperwork or registration papers.
- (4) Include a check for \$120 payable to **U.C. Regents** for the lab fee.
- (5) **Non-U.S.** checks must have "U.S. Dollars" or "USD" imprinted **by a bank**.
- (6) American Express, Discover, MasterCard or Visa may be used for payment by completing the attached form.
- (7) Samples will not be tested until payment is received.
- (8) Send package first class mail or via any two-day or next-day service to address shown above.
- (9) Samples from foreign countries **MUST** be accompanied by a current USDA import permit.

Results:

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

Cattle Breed Assignment Validated Breeds

Angus
Hereford
Maine Anjou
Charolais
Limousin
Simmental
British White
Dexter
Texas Longhorn
Shorthorn
Gelbvieh
Watusi
Bos indicus (Nelore and Gir)
Friesian
Jersey



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FAX: (530) 752-3556

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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: _____