

SAMPLE IDENTIFICATION FORM

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Please print all information clearly.

Owner/Agent Information:			Date:		Thank you for your contribution. Your sample(s) will be added to our database. Results			
Name:					on individual dogs will not be available. However, a copy of our research findings can			
Address:					be provided upon request. All information specified on this form is completely confidential.			
City: State:		Zip:		Breed:	Brittany			
Phone: Email:								
Registered Name of Dog (no titles)	Reg. #	Date of Birth	Sex (Circle)	Call Name	Color	Healthy? (Circle)	Registered Name of Sire & Dam (no titles) If possible, please include pedigrees.	
			М			Υ		
			F			N (see below)	Sire	
Medical history:							Dam	
•								
/eterinarian's name and contact informa	ation?							
					I understand	d that resi	ults for individual horses will not be available.	
or internal use only:								
Prep Date:				Signature	•		Date:	