

Owner Name \_\_\_\_\_ Farm/Ranch \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Dr. E. Gus Cothran Lab.  
 CVM, VIBS  
 TAMU 4458  
 Texas A&M University  
 College Station, TX 77843-4458  
 (979) 845-0229

Name	Registration Number	Tattoo or Metal Ear Tag		Sex	Sire Name and reg#	Dam Name and reg#	Dun	Red
		Right ear	Left ear					

**Payment** must accompany this application. Make check in amount of **\$35** for one test and **\$60** for two tests (per animal) payable to **ADCA**.

**Acknowledgement:** I hereby certify that all animals listed above were properly identified and that each sample was correctly labeled

\_\_\_\_\_  
 Signature of Recorded Owner or Authorized Representative                      Date