AUSTRALIAN SHEPHERD CLUB OF AMERICA®

EST. 1957

6091 E. State Hwy 21
Bryan, TX 77808-9652
www.asca.org

P: (979) 778-1082
F: (979) 778-1898
manager@asca.org

REQUEST FOR DNA TEST KITS

KITS FOR POTENTIALLY MULTI-SIRED LITTERS MUST BE ORDERED BY PHONE FROM ASCA

I,_____would like to request _____DNA Test kit(s)
(Your Name) (Quantity)

Number of **Blood** Kits: _____ **X $45.00** = _____ **select one:** ❑Card ❑Draw

Number of **Cheek Swab** Kits: _____ **X $50.00** =_____

If using Credit Card: # | | | | | | | | | | | | | | | |

VISA MasterCard DISCOVER NETWORK AMERICAN EXPRESS

Expiration date: | | | | 3-digit Security Code (on back of card after number) | | |

Payment amount includes the price of the kit and the testing fee charged to ASCA, by the lab. This must be paid to ASCA when purchasing the kits.

Signature _____Membership # _____

_____
Address City State Zip

_____
Email Phone

*You may fax this request to the office