



# Field Dog Stud Book DNA Service Submission Form

Please type (or print clearly in dark-colored-ink, no cursive).  
One form for each sample submitted.

DNA identification with UC Davis VGL. All DNA information is considered confidential.

**Service Request:**  Parentage (GeneMatch Pedigree) - \$65.00

**Information:**

Call Name: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_

Breed: \_\_\_\_\_ Coat Color: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Registry: **FIELD DOG STUD BOOK** Registration Number: \_\_\_\_\_

Sire's Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Dam's Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

**Submitter:**

Name of Individual or Organization: **UKC / FDSB**

Street Address: **100 E. Kilgore Rd.**

City/State/Zip: **Kalamazoo, MI 49002** Phone Number: **(312) 663-9797**

**Owner of Record:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Payment:** *Please return sample to United Kennel Club*

Amount: \$ \_\_\_\_\_ (all amounts must be in U.S. Dollars)

Payment Options:  Enclosed Check or Money Order  Visa  Mastercard

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

**Confidentiality Certification / Terms & Conditions Agreement** (must be completed for any results to be released)

I hereby certify that the information on this form is true and complete to the best of my knowledge.

I understand that all test results and documentation will be provided only to me unless I specify otherwise.

I AGREE AND UNDERSTAND THESE TERMS.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For UKC® Office Use Only</b>	
Sample #:	_____
Acct. #:	_____
Acct. Type: V C Z G I	
Date Rec'd:	_____
Spcl Instrs:	_____