



www.cdnangus.ca • email: cdnangus@cdnangus.ca

292140 Wagon Wheel Blvd, Rocky View County, AB T4A 0E2 • Phone: (403) 571-3580 • Fax: (403) 571-3599 • Toll-Free: 1-888-571-3580

DNA Test Request

Membership Name: _____ Member ID: _____ Phone/Fax: _____

Animal to be Tested (registration number & tattoo)	SNP Parentage Verification	Genetic Conditions Specify: AM, CA, DD, DM, DW, MA, NH, OH, OS	Angus GS Genomic Marker Panel	Coat Colour Test	Freemartin (blood sample only)

Please contact the Canadian Angus Association to request your hair cards, blood cards and TSUs.

Please remember that DNA samples submitted without an accompanying hair card, blood card, or TSU will be subject to a \$4/sample processing fee from the lab.

Signature _____

Date _____

Return the completed form and appropriate fees to:

Canadian Angus Association • 292140 Wagon Wheel Blvd, Rocky View County, AB T4A 0E2

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