



smart science solutions

SASKATCHEWAN RESEARCH COUNCIL
GENSERVE LABORATORIES
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Sheep

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FOR LABORATORY USE ONLY
Case No.
Date Received

APPLICATION FOR TESTING

PLEASE TYPE – or – PRINT CLEARLY

NAME OF OWNER		BREED	Owner Contact Information	
FARM NAME		Postal Code	Phone Number: ()	
Mailing Address		City or Town	Prov.	Fax Number: ()
				Email:

ANIMAL IDENTIFICATION					PARENTS*	
NAME, REGISTRATION NUMBER, and SRC Case No. (if previously submitted)	TATTOO		DATE of BIRTH (dd/mm/yyyy)	SEX	SIRE	
	Lt. ear	Rt. ear			Name, Registration No. and SRC Case No.	DAM Name, Registration No. and SRC Case No.

* if there is doubt concerning the true parents, state facts and list possible alternates with breeding dates, if known, on the reverse side.

TEST TYPES (Check the requested tests)

Genotype Only _____
(no parentage)

Parentage Test: a) Verify to Sire only _____
b) Verify to Dam only _____
c) Verify to Sire and Dam _____

PAY BY: Cheque*, Money Order, VISA or MASTERCARD

Name on Credit Card: _____
Credit Card Number: _____
Expiry Date: _____

*make cheques payable to Saskatchewan Research Council

CERTIFICATION OF IDENTIFICATION OF ANIMALS

I hereby certify that I have properly identified all animals listed above and that each sample was correctly labelled.

DATE _____

SIGNATURE _____
(Owner, Leasee or Authorized Agent)