

UMC Canine DNA Testing for Jack Russell Terriers



Breed: _____

Call Name: _____

Registered Name: _____

Reg. # _____ DOB: _____ Male/Female _____ Inta _____

Microchip or tattoo # _____ Color: _____

Tests being requested (check all that apply for this terrier)

	Single Test	2 or more tests for this dog	Discount for blood in DNA bank before	
<input type="checkbox"/> DM-Degenerative Myelopathy	\$65	\$50	1/1/2010	\$35
<input type="checkbox"/> PLL-Primary Lens Luxation	\$65	\$50	9/1/2009	\$35
<input type="checkbox"/> SCA-Spinocerebellar Ataxia	\$65	\$50	12/1/2012	\$35
<input type="checkbox"/> LOA-Late Onset Ataxia	\$65	\$50	12/1/2012	\$35

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Veterinarian: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Results sent to (circle one)

Owner Veterinarian Both

Payment information

Check or Money Order made payable to "University of Missouri" enclosed
Or

Charge to Visa-Mastercard-Discover # _____

Cardholder Name: _____ Exp. _____

I understand that the results of this test will be reported only to the owner listed on this form and to the veterinarian (if requested) listed here, via email or FAX; and I have supplied complete and accurate information, to the best of my knowledge

Signed: _____ Date: _____

Mail form and payment to:
Dr. Gary Johnson 320 Connaway Hall, University of Missouri, Columbia, MO 65211

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