

TSSR DNA KIT REQUEST FORM

Please submit the following information on your dog:

Registered name _____ Sex _____

Registration# _____ DOB _____ Color _____

Sire's registered name _____

Sire's registration# _____ UC Davis DNA# _____

Dam's registered name _____

Dam's registration# _____ UC Davis DNA# _____

Owner Information

Name _____

Address _____

Telephone# _____ E-mail address _____

Please enclose a check made payable to "TSSR" in the amount of \$40.00. This amount includes the kit, processing fee and shipping. You will receive a DNA kit that will include two cheek swabs, instructions and a return envelope.

Submit this request to:

**Christi Yonavick
98 Ridgeway Road
Birdsboro, PA 19508
e-mail: shilohs6@ptdprolog.net
Phone: 610-378-1899**