



Fallow Deer Verification Form

***Please return this form; the specimen; and payment to:**

North American Deer Registry
1601 Medical Center Drive; Suite 1
Edmond OK 73034

Phone: 405-513-7228 or Fax:405-513-7238 or email: nadr@deerregistry.com

[Please print all information]

TDA or NADeFA MEMBER # _____ **(Must Be the Deer Owner's Member #)**

NAME OF RANCH OWNER _____

NAME OF RANCH MGR. OR PERSON SUBMITTING SAMPLE: _____

FARM/RANCH NAME: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

CONTACT TELEPHONE # _____ EMAIL _____

I hereby certify and declare that this sample represents no clones or offspring from cloned animals, whether produced from natural breeding, semen, or eggs of cloned animals, and I desire to have same recorded in the North American Deer Registry™. In consideration of which I agree to abide and be bound by the Articles of Incorporation, Bylaws and Terms and Conditions of the Registry and amendments thereto.

NAME OF ANIMAL _____ Animal Alive YES NO

EAR TAG _____ OtherID/Allflex Tube# _____

BREEDER RANCH _____

SEX: Buck Doe Year Born _____ STATE UNIQUE # _____
[Sex and Year of Birth are required Items]

TYPE OF ANIMAL SPECIMEN ENCLOSED: (Circle one)

Hair (+\$1) Antler Core (+\$5) Tissue Allflex Blood Semen Other _____

Check the Following Options you are requesting:

_____ DNA Profile and Compare to Animals Listed Below for Sire and/or Dam

_____ DNA Profile Only – No Comparisons Requested

_____ DNA Profile and Verify to existing NADR # on File _____ as same animal.

Comparisons Requested:

OR Attach **Master List** use additional sheet if needed.

(Include AI and backup bucks in this list)

Animal Name _____ NADR # _____ Determine if: Sire Dam

Animal Name _____ NADR # _____ Determine if: Sire Dam

Animal Name _____ NADR # _____ Determine if: Sire Dam

PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____ \$55 each

Check Enclosed: Money Order Enclosed Charge Credit Card on File

Credit Card Authorization Form Attached (For Security purposes, please complete the Authorization form and forward with your sample submission form. This needs to be completed only one time. In the future just check the box "Charge Credit Card on File".)

***Please return this form, the specimen, and payment to:**

North American Deer Registry
1601 Medical Center Drive, Suite 1
Edmond OK 73034

Phone: 405-513-7228 or Fax:405-513-7238 or email: nadr@deerregistry.com