

DNA Request Form

Use this form when requesting a DNA test for an ASR-registered animal.

Name of Goat	AN	/IGR Registration #	
DNA requested: Genotyped	Parent Verified	Sire Verified	Dam Verified
PART B. Owner information			
Name			Phone
Mailing address			
ASR Client #ASI	R Herd Prefix	E-mail	
PART C. Dam and Sire inform	ation		
Sire's Name	Reg. #		UC- Davis VGL#
Dam's Name	Reg. #		UC-Davis VGL #
Owner's Signature			Date

When pulling hair samples (DNA samples) take care to obtain 20-30 hair FOLLICLES (hair roots). This is very important! Coarse, longer hair found over withers, chest, rump, tail or back of hind leg is the pre-ferred sample type. Needle-nosed pliers work well for this job. Hair sample must be sealed inside a 3.5" x 6.5" paper envelope. Do not use plastic bags. Put goat's name and eartag number on the outside of the envelope. Allow 4-6 weeks for processing of DNA requests.

Mail the DNA sample, this DNA Request form, the goat's original AMGR Registration Certificate and the DNA testing fee (See Order Form for pricing) to

American Meat Goat Registry 6286 S County Road 60 SW Greensburg, IN 47240.

Please include a completed Order Form

support@amgr.org • (812) 815-9005 • www.amgr.org