



Whitetail 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 Rules and Regulations of the Registry and amendments thereto.

NAME OF ANIMAL _____ Animal Alive YES NO

EAR TAG _____ OTHER IDENTIFIER _____

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 Antler Core Tissue Blood Semen Other _____

Check the Following Options you are requesting:

- _____ CWD Prion Test Panel Only (\$20 no parentage verification)
- _____ Profile and Compare to Animals Listed for Sire and/or Dam (\$70 without CWD Test)
- _____ Profile and Compare to Animals Listed for Sire and/or Dam (\$85 with CWD Test)
- _____ DNA Profile Only – No Comparisons Requested (\$70 without CWD Test)
- _____ DNA Profile Only – No Comparisons Requested (\$85 with CWD Test)
- _____ ID Match to existing NADR # _____ on File (\$65 with CWD Test same animal)
- _____ ID Match to existing NADR# _____ on File (\$70 without CWD Test same animal)

Comparisons Requested:

OR Attach Master List use additional sheet if needed.
(Include AI and backup bucks in this list)

Animal Name _____ DNAS # _____ Determine if: Sire Dam

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PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____

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".)