



Mule Deer Verification Form

North American Deer Registry™

[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 **ONE** of the Following Options:
_____ 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
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PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____ (Paper Submission - \$70 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