



North American Deer Registry
 1601 Medical Center Drive, Suite 1, Edmond, OK 73034
 Phone: 405-513-7238 Fax: 405-513-7238 Email: NADR@deerregistry.com

CWD GEBV Request For Existing Samples \$50 each

Client Information: _____ TDA or NADeFA or VDM Number: _____

RANCH OWNER NAME: _____

Ranch Mgr or Person Submitting Form: _____

FARM / RANCH NAME: _____

PHONE NUMBER: _____ FAX _____ EMAIL _____

Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No
Name: _____	NADR# _____	New Sample: Yes No

Check Enclosed Money Order Enclosed Credit Card on File/Attached