Mule 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

Deer Registry

[Please print all information] TDA or NADeFA MEMBER #	(M <u>ust Be</u>	the Deer Owner's M	lember #)		_
NAME OF RANCH OWNER	,		-		
NAME OF RANCH MGR. OR PERS					
FARM/RANCH NAME:					
ADDRESS:	CITY	,	ST	_ ZIP	
CONTACT TELEPHONE #		EMAIL			
I hereby certify and declare that this natural breeding, semen or eggs of c In consideration of which I agree to of the Registry and amendments there	loned animals, and abide and be boun	I desire to have same	recorded in the North	th American Deer	Registry™
NAME OF ANIMAL	An	imal Alive	YES 🗌 NO [
EAR TAG	Othe	r ID/AllFlex Tube #			
TYPE OF ANIMAL SPECIMEN ENC Hair (+\$1) Antler Core (+\$5) Ti Check the Following Option DNA Profile and O DNA Profile and O	ns you are reque Compare to Anii No Compariso	esting: mals Listed Below ons Requested]
Comparisons Requested:	OR Attach		dditional sheet if r		_
Animal Name_	•	•	:Sire Dam		
Animal Name	NADR #	Determine if	:Sire Dam		
Animal Name	NADR #	Determine if: \$	Sire Dam		
PAYMENT ENCLOSED IN THE AMOUN	NT OF \$	\$55 each			
Check Enclosed: Money Credit Card Authorization For with your sample submission for Credit Card on File".)			ase complete the Aut		

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