



Convert From Wildlife Genetics North American Deer Registry™

[Please print all information]

Deer Owner's TDA or NADeFA 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 Deceased YES NO

EAR TAG _____ OTHER IDENTIFIER _____

BREEDER / RANCH NAME (IF KNOWN) _____

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 _____

____ Documentation Only* – No Comparisons Possible
* Copy of Genetic Report from Wildlife Genetics Required

____ New DNA Profile & Compare-- Breeder Buck*
____ New DNA Profile & Compare-- All Others*
*Copy of Genetic Report from Wildlife Genetics Required

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 \$ _____ See pricing sheet at www.deerregistry.com.

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