



# 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 Must be active PDFFA member]

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 Allflex Tube Blood Semen Other \_\_\_\_\_

### Check the Following Options you are requesting:

- \_\_\_\_\_ CWD GPS includes Parentage & Prion Markers \$75 (SNP Only) or \$92 (SNP & STRs)
- \_\_\_\_\_ Profile & Compare to Animals for Sire and/or Dam (\$70 STRs & SNPs or \$55 SNPs only)
- \_\_\_\_\_ DNA Profile Only – No Comparisons (\$55)
- \_\_\_\_\_ ID Match to existing NADR # \_\_\_\_\_ on File (\$70 STRs & SNPs or \$55 SNPs only)

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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Animal Name \_\_\_\_\_ NADR # \_\_\_\_\_ Determine if: Sire  Dam

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".)