

Test Request Form – Mastiff Picnic 15

TEST(S) REQUESTED:

PRA Test for Mastiff - \$96 (Regular price - \$120) or
 CMR Test for Mastiff - \$76 (Regular price - \$95) or
 Both CMR & PRA \$137.60 (Regular combo price - \$172)
OFA fee \$7.50/test

SAMPLE STORAGE: YES (\$35 fee) BLOOD ONLY NO

OWNER INFORMATION

Name: first _____ Phone: (____) _____ (day)
last _____ Fax: (____) _____ (evening)
_____ (____) _____
Address: city _____ Email _____
state _____
zip _____
Co-Owner
Names: _____

REPORTS: by Email or Fax

Results will not be provided by phone. Certificates for dogs that test genetically normal will be sent by mail. Test results will be reported to genetic registries only according to policy determined by each parent club.

DOG IDENTIFICATION

Breed: Mastiff – Old English
Call Name: _____
Registered Name: _____
Birthdate (mon/day/yr): ___ / ___ / ___ Sex: F M
Registration #: _____
Tattoo/Chip#: _____
CERF#/Other Eye Registry#: _____
Registered Name/Number of Sire: _____ # _____
Registered Name/Number of Dam: _____ # _____

EYE DISEASE HISTORY

Date of last exam by an ophthalmologist (mon/day/yr): ___ / ___ / ___
Never Examined
Eye Disease Diagnosed: _____
Comments: _____

LIMITED WARRANTY AND DISCLAIMER

OptiGen warrants its test results to be accurate for the blood sample obtained from this dog alone, as identified by the information given on this form. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL OPTIGEN BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within two years of the report of the test results.

CERTIFICATION AND SIGNATURES

The undersigned hereby certifies that the dog described above is the same dog whose **permanent ID** (if available) is stated above, whose blood sample is submitted and labeled with this name and whose information is given on this form, and that all information is accurate to the best of my knowledge. I understand that additional blood samples may be required to complete this test. I accept all conditions stated in this two-page application form.

To be filled in by hand at time blood sample is taken.

Owner's Signature		Date (mon/day/yr)
Blood Sample Collected by:	<input type="checkbox"/> Veterinarian <input type="checkbox"/> Technician	Date Collected
Veterinarian's or Veterinary Technician's Signature		Date
Print Veterinarian's or Veterinary Technician's Name		
Hospital/Clinic (if applicable)		
Address		

Payment of Fees (no EuroCheques please)

Total: \$ _____ How will you be paying?

___ Check or Money Order in US dollars payable to OptiGen, LLC is enclosed

___ Visa ___ MasterCard

Credit

Card

Number:

Name on

Card:

Expiration

Date:

Signature: