



NADR Change Order Request

Client Information:

TDA or NADeFA Number: _____

RANCH OWNER NAME: _____

Ranch Mgr or Person Submitting Form: _____

FARM /RANCH NAME _____

CONTACT INFO: PHONE _____ FAX _____

CELL PHONE _____ EMAIL _____

MUST BE THE OWNER OF THE ANIMAL TO REQUEST A CHANGE

Animal Information:

NADR# _____

Unique Animal ID# _____
(Note: Cannot be changed)

Current
Animal Name _____

New
Animal Name _____
(If Changed)

Current
Ear Tag _____

New
Ear Tag _____
(If Changed)

Animal Information:

NADR # _____

Unique Animal ID# _____
(Note: Cannot be changed)

Current
Animal Name _____

New
Animal Name _____
(If Changed)

Current
Ear Tag _____

New
Ear Tag _____
(If Changed)

PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____ (\$10 per reprint)

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 Dr., Suite 1, Edmond OK 73034 Phone: 405-513-7228 Fax: 405-513-7238