



Whitetail Verification Form

North American Deer Registry™

[Please print all information]

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 Blood Semen Other _____

Check the Following Options you are requesting:

_____ DNA Profile and Compare to Animals Listed Below for Sire and/or Dam

_____ DNA Profile Only – No Comparisons Requested

_____ DNA Profile and Verify to existing NADR # on File _____ as same animal

****NEW**** _____ Genetic test to predict sensitivity of CWD Rectal Biopsy (Additional \$10)

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 \$ _____ (Paper submission - \$70 each; Genetic test regarding CWD .
Additional \$10 each with parentage)

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 email: NADR@deerregistry.com