



Age Certification Application

North American Deer Registry

(Samples will be held for up to 4 years prior to DNA verification)

[Please print all information]

Deer Owner's TDA or NADeFA Member # _____

Deer Owner's Name: _____

FARM / RANCH NAME: _____

UNIQUE IDENTIFICATION:

ANIMAL NAME _____ **BIRTH DATE** _____

EAR TAG _____ **EAR TATOO** _____

OTHER IDENTIFICATION _____ **SEX** _____

FAWN INFORMATION:

SIRE NAME _____ **Unique ANIMAL ID** _____

DAM NAME _____ **Unique ANIMAL ID** _____

SAMPLE INFORMATION:

TYPE OF SAMPLE(S) BEING SUBMITTED: HAIR TISSUE BLOOD

[Please circle one]

PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____ **(\$25 per sample)**

Check Enclosed: Money Order Enclosed: Credit Card (Please circle type)

VISA MASTERCARD AMERICAN EXPRESS

Name on card _____ **Card Number** _____ **Exp. Date** _____

Billing Address _____ **State:** _____ **Zip:** _____

SEND THIS APPLICATION, PAYMENT, AND SPECIMEN TO:

**NADR/DNA Solutions, Inc.
840 Research Parkway, Suite 551
Oklahoma City, OK 73104**

I hereby certify and declare that this is a true and correct statement, 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.

Signature of Applicant _____