

# Braunvieh Association of America

Phone (210) 561-2892 – Fax (210) 696-5031

Date: \_\_\_\_\_

## GenServe Laboratories

Order No. \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_

### -----Application for Albinism Genotype-----

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Ranch: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Animal Identification

##### Date Samples taken:

Name: _____	Birth Date: _____	Sample ID: _____
Registration #: _____	Sex _____	Tattoo: RE _____ LE _____
Sire Reg. #: _____	Dam Reg. #: _____	

#### Animal Identification

Name: _____	Birth Date: _____	Sample ID: _____
Registration #: _____	Sex _____	Tattoo: RE _____ LE _____
Sire Reg. #: _____	Dam Reg. #: _____	

#### Animal Identification

Name: _____	Birth Date: _____	Sample ID: _____
Registration #: _____	Sex _____	Tattoo: RE _____ LE _____
Sire Reg. #: _____	Dam Reg. #: _____	

Payment has been received by the BAA @ \$65/sample Yes \_\_\_ No \_\_\_

*Send Samples, Form & Payment to:*  
Braunvieh Association of America  
5750 Epsilon, Suite 200  
San Antonio, TX 78249

\_\_\_\_\_  
Signature