

SHORTHORN BEEF
C/o ABRI
UNIVERSITY OF NEW ENGLAND
ARMIDALE NSW 2351



PARENTAGE VERIFICATION TEST

TEST REQUEST FORM

Animal ID	Name	Sex	D.O.B	Dam ID	1 st Sire ID	2 nd Sire ID	3 rd Sire ID	4 th Sire ID

* Each potential sire must have a DNA profile already on file with Pfizer Animal Genetics.

Member Name: _____

Signature: _____

Member Number: _____

Date: _____

Please forward a clean tail hair follicle sample along with the prescribed fee of \$49.50 per animal to
Shorthorn Beef
C/o ABRI, UNE
ARMIDALE NSW 2351

Enquiries please contact Kate Kennedy
Ph: (02) 6772 2400 Fax: (02) 6772 2244 Email: kkennedy@shorthornbeef.com.au