



Gene Check, Inc.

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COLLIE EYE ANOMALY (CEA) TEST SUBMISSION FORM

Owner Information:		Veterinarian Information (If applicable):	
Name:		Name:	
Ranch/Farm Name:		Practice Name:	
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone 1:		Phone:	
Phone 2:		E-mail:	
E-mail:		Fax:	
Cost per Dog : \$55.00 *\$40.00 for NCA members		Payment Information:	
# of dog samples submitted _____ x \$55 = _____		Check Enclosed \$ _____ US dollars	
*National Cattledog Association Members		Credit Cards accepted (circle one): Visa Mastercard Discover	
# of dog samples submitted _____ x \$40 = _____		Credit Card # _____ - _____ - _____ - _____	
Call the NCA office at 970-224-2437 or go to: www.nationalcattledog.com to learn more about becoming an NCA member.		Exp Date: ____/____/____ 3 Digit Code ____ (on back of card)	
		Signature:	

Test results are typically completed within 3-5 business days. Results will be reported the day of completion by e-mail (if available) or phone call. Test certificates are mailed out the day after test completion.

Dog Identification:	
Breed:	Call Name:
Birthdate ____/____/____ (Month/Day/Year)	Sex: ____ Male ____ Female
Registry:	
Reg. Name:	Reg. Number:
Sire Reg. Name:	Sire Reg. Number:
Dam Reg. Name:	Dam Reg. Number:
Breed:	Call Name:
Birthdate ____/____/____ (Month/Day/Year)	Sex: ____ Male ____ Female
Registry:	
Reg. Name:	Reg. Number:
Sire Reg. Name:	Sire Reg. Number:
Dam Reg. Name:	Dam Reg. Number:

Dog Identification continued: (Collie Eye Anomaly– CEA)

Owner Name:	Owner Phone #:

Note: Please fill out complete owner information on page 1.

Breed:	Call Name:
Birthdate ____/____/____(Month/Day/Year)	Sex: ____ Male ____ Female
Registry:	
Reg. Name:	Reg. Number:
Sire Reg. Name:	Sire Reg. Number:
Dam Reg. Name:	Dam Reg. Number:

Breed:	Call Name:
Birthdate ____/____/____(Month/Day/Year)	Sex: ____ Male ____ Female
Registry:	
Reg. Name:	Reg. Number:
Sire Reg. Name:	Sire Reg. Number:
Dam Reg. Name:	Dam Reg. Number:

Breed:	Call Name:
Birthdate ____/____/____(Month/Day/Year)	Sex: ____ Male ____ Female
Registry:	
Reg. Name:	Reg. Number:
Sire Reg. Name:	Sire Reg. Number:
Dam Reg. Name:	Dam Reg. Number:

Breed:	Call Name:
Birthdate ____/____/____(Month/Day/Year)	Sex: ____ Male ____ Female
Registry:	
Reg. Name:	Reg. Number:
Sire Reg. Name:	Sire Reg. Number:
Dam Reg. Name:	Dam Reg. Number:

Breed:	Call Name:
Birthdate ____/____/____(Month/Day/Year)	Sex: ____ Male ____ Female
Registry:	
Reg. Name:	Reg. Number:
Sire Reg. Name:	Sire Reg. Number:
Dam Reg. Name:	Dam Reg. Number:

All tests are performed by Gene Check, Inc using naturally occurring DNA sequences