

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



**PARENTAGE VERIFICATION
TEST REQUEST FORM**

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

*Each potential Sire must have a DNA profile already on file with Shorthorn Beef

Member Name: _____

Signature: _____

Member Number: _____

Date: _____

Please forward a clean tail hair follicle sample along with the prescribed fee of \$24.20 Inc. GST per test to
Shorthorn Beef
C/O ABRI, UNE
Armidale, NSW, 2351

**For further enquiries please contact Kayla Preston
Ph: (02) 6772 2400 Fax: (02) 6772 1943 Email: shorthorn@shorthornbeef.com.au**

