



GENERAL ORDER FORM **(Please print clearly)**
Basset Hound Club of America Health Clinic

- ☐ By checking this box, I give permission for my sample to be used for further research into Lafora in Basset Hounds by the Paw Print Genetics team. **Please provide registration number in the dog's details.**
- ☐ By checking this box, I give permission to use my sample for the Diversity score and puppy predictor test in development through Paw Print Genetics. Copies of diversity score will be provided. (Free of charge at this time.)
- ☐ Please send hard copies of my results to the shipping address below

Owner's Name First _____ Last _____

Email Address: _____

Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

Is your shipping address the same as your billing address? ☐ YES ☐ NO If **no**, please provide shipping address.

Shipping Address: _____ City: _____

State: _____ Zip: _____

SPECIAL EVENT DISCOUNTS: 50% off all tests PLUS another \$20 off the Lafora test

Per dog testing: 1 test \$40; 2 tests \$75; 3 Tests \$105; 4 tests \$130; all 5 tests \$137.50

Thanks to BHCA Foundation funding, take another \$20 off the total cost if one of the tests is Lafora. Add \$6 for the test kit at the Nationals.

Order forms are on the reverse side

Paw Print Genetics will call customers to collect payment
(Please be sure we can reach you at the phone number/s you provided above)

By signing this form, I represent and warrant that: (a) all information provided about each dog is truthful and accurate; (b) the sample submitted with this form corresponds to the dog to be tested as indicated by the information provided and found on this form, (c) additional samples may be required to complete the testing, and (d) I will cooperate to resolve any disputed results.

Owner's signature: _____



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DOG 1:

Call name: _____ Sex (circle one): Female Male

Birth date: Month _____ Year _____ Breed: **Basset Hound**

Registered name: _____

Registration number: _____

Microchip number: _____

Tests ordered (Please check the tests to be ordered for this dog):

☐ *Lafora ☐ *Thrombopathia ☐ *POAG ☐ CDDY w/IVDD Risk ☐ XSCID

*Strongly recommended by the BHCA Health Policy

DOG #: (2)

Call name: _____ Sex (circle one): Female Male

Birth date: Month _____ Year _____ Breed: **Basset Hound**

Registered name: _____

Registration number: _____

Microchip number: _____

Tests ordered (Please check the tests to be ordered for this dog):

☐ *Lafora ☐ *Thrombopathia ☐ *POAG ☐ CDDY w/IVDD Risk ☐ XSCID

*Strongly recommended by the BHCA Health Policy

ADDITIONAL DOGS ORDER FORM

Owner's Last Name _____

DOG #: ____

Call name: _____ Sex (circle one): Female Male

Birth date: Month _____ Year _____ Breed: **Basset Hound**

Registered name: _____

Registration number: _____

Microchip number: _____

Tests ordered (Please check the tests to be ordered for this dog):

☐ *Lafora ☐ *Thrombopathia ☐ *POAG ☐ *CDDY w/IVDD Risk* ☐ *XSCID*

*Strongly recommended by the BHCA Health Policy

DOG #: ____

Call name: _____ Sex (circle one): Female Male

Birth date: Month _____ Year _____ Breed: **Basset Hound**

Registered name: _____

Registration number: _____

Microchip number: _____

Tests ordered (Please check the tests to be ordered for this dog):

☐ *Lafora ☐ *Thrombopathia ☐ *POAG ☐ *CDDY w/IVDD Risk* ☐ *XSCID*

*Strongly recommended by the BHCA Health Policy