

<p align="center">HAIR ROOTS AND BLOOD</p> <p>SAMPLE SUBMISSION FORM: <u>Control/Unaffected Horse</u></p> <p>SHIP TO: Dr. Molly McCue, c/o Kendall Blanchard 225 Veterinary Medical Center 1365 Gortner Ave St. Paul, Minnesota 55108</p>	<p><u>ID NUMBER (LABORATORY USE ONLY):</u></p>
<p align="center">A. OWNER INFORMATION</p>	
<p>FIRST/LAST NAME: _____ STREET ADDRESS/PO BOX: _____ _____ CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____</p>	<p>TEL. PHONE: _____</p> <p>E-MAIL: _____</p>
<p align="center">B. HORSE INFORMATION</p>	
<p>BARN/CALL NAME: _____ BREED: _____ GENDER: <input type="checkbox"/> MALE INTACT (STALLION/COLT) / <input type="checkbox"/> MALE CASTRATED (GELDING) <input type="checkbox"/> FEMALE INTACT (MARE/FILLY) / <input type="checkbox"/> FEMALE PREGNANT (PREGNANT MARE) / <input type="checkbox"/> FEMALE SPAYED (SPAYED MARE)</p>	<p>SAMPLE TYPE:</p> <p align="center"><input type="checkbox"/> HAIR ROOTS</p> <p align="center"><input type="checkbox"/> BLOOD</p>