AUSTRALIAN BRAHMAN BREEDERS' ASSOCIATION LIMITED

Application for Pompes Disease Testing

Owner ..... Membership No. .....

Address .....

Phone ..... Fax .....

☐ TAIL HAIRS ☐ SEMEN

NO OF SAMPLES .....

	LEAVE BLANK IF COMPLETE CONFIDENTIALITY REQUIRED			OFFICE USE ONLY	
SAMPLE NO	PRIVATE HERD NO	SEX	NAME	LAB CODE	DIAGNOSIS

Signature of Owner/Agent ..... Date 01/01/10

SUBMIT BUTTON RESET

Note

Click on the SUBMIT BUTTON to submit this form to ABBA **or**
Save this form to your Desktop, attach this pdf to any email program and send to ABBA at: kerria@brahman.com.au **or**
Save this form to your Desktop print it out on your printer and fax in to: 07 **4922 5805.**

YOU WILL RECEIVE AN EMAIL TO CONFIRM THIS APPLICATION OR CALL KERRI AT ABBA ON 07 4921 4726 TO CONFIRM BY PHONE