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_____	Date
_____	Member Name
_____	Member #
\$10 per offspring – Total enclosed:	

ABBI Additional DNA Research Results – No sample required

Offspring

(Registration # & Birth date) **Office Use Only**

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Offspring

(Registration # & Birth date) **Office Use Only**

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Potential Sires

(Name & Registration #): **Results**

Potential Sires

(Name & Registration #): **Results**

Potential Dams

(Name & Registration #): **Results**

Potential Dams

(Name & Registration #): **Results**

Notes:

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