



The Australasian Alpaca Breeders Association Inc.

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PO Box U383, Wollongong University NSW 2500, Australia

DNA REQUEST FORM FOR NON OWNED ALPACA

SECTION 1: AABA MEMBER REQUESTING DNA TEST

Name:

Address:

Herd Code:

Email:

Phone:

SECTION 2: OWNER OF ALPACA TO BE DNA TESTED

Name:

Address:

Email:

Phone:

SECTION 3: DETAILS OF ALPACA TO BE DNA TESTED

IAR or AAR No (if applicable) *(Please also attach copy of Registration Certificate to this Form):*

Sex:

Name (inc Herd Prefix):

I agree to the alpaca identified in Section 3 being DNA tested and the results recorded on the Australasian Alpaca Register.

.....
Signed by owner identified in Section 2

.....
Date

I confirm that the owner has provided a DNA sample and agrees to its use for verifying the parentage of AAR registered animals.

.....
Signed by member requesting the DNA test

.....
Date