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

ABBI Additional DNA Research – 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:

Notes: