Domestic Cat Silver (*Inhibitor*) Sample Verification Form

Feline Genetics and Comparative Medicine Laboratory
University of Missouri
College of Veterinary Medicine
Columbia, MO 65211

Order Number:_____

Owner Information

Full Name:_____

Address:_____

_____

_____

Pet Information

Name:_____ Date of Birth:_____

Sex: M MC F FS Breed:_____

Color:_____

Microchip ID:_____

Registry:_____

Registry ID:_____

I have checked the identity of the cat to confirm the samples were taken from the animal above. _____(initials)

Veterinarian Name:_____

License Number:_____

Date Collected & signed:_____

e-mail:_____

Signature:_____

Submit this form with swabs to: Feline Genetic Laboratory – SILVER
E109 Vet Med Building, 1520 E. Rollins St.
College of Veterinary Medicine, University of Missouri
Columbia, MO 65211 USA