

Dog's Details (Please print legibly)

Registered Name:	
Call Name:	
Breed (and subtype):	Samoyed
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	(Month/Day/Year)
Country of origin:	
Use:	<input type="checkbox"/> Field Style <input type="checkbox"/> Show Style <input type="checkbox"/> Service <input type="checkbox"/> Other _____
Registration ID:	
Tattoo/Microchip:	Tattoo <input type="checkbox"/> Microchip <input type="checkbox"/> Number:
Health Status: Is your dog affected by a disorder or health condition?	No <input type="checkbox"/> Yes <input type="checkbox"/> Details:

Owner's Details (Please print legibly)

First Name	
Last Name	
Phone	
Email	
Mailing Address	
<input type="checkbox"/> I agree to the Terms & Conditions <input type="checkbox"/> Please enroll me in the newsletter	

SAMPLE SUBMISSION FORM

This portion should be filled in by hand at the time the sample is taken.

Certification and Signatures

The undersigned hereby certifies that the dog described above is the same dog whose sample is submitted and labeled with this name and whose information is given on this form and that all information is accurate to the best of my knowledge.

Owner's Signature		Date	
Sample Certified By:	<input type="checkbox"/> Veterinarian/Technician <input type="checkbox"/> Witness		
Signature of Certifier		Date	
Printed Name of Certifier			
Hospital/Clinic Name (if applicable)			
Hospital/Clinic Mailing Address			

By signing, I authorize WISDOM HEALTH[™] to release test results to officially sponsored registries for my breed as requested by the Samoyed Club of America (SCA). WISDOM HEALTH[™] will submit the results of this dog for X-linked progressive retinal atrophy 1 (XLPR1), and retinal dysplasia/oculoskeletal dysplasia 2 (RD/OSD2), as available, to the Orthopedic Foundation for Animals' (OFA) Canine Health Information Center (CHIC), a publically-available database of health data for dogs. I hereby release forever the responsible breed club, the operators of the registry, and WISDOM HEALTH[™] from any and all liability resulting from the collection and transfer of this data. All samples submitted to WISDOM HEALTH[™] become the property of WISDOM HEALTH[™] and may be used for internal quality control and/or research purposes. For questions regarding payment or OFA CHIC posting, please contact SCA. For all other questions, please contact WISDOM HEALTH[™] at 888-597-3883 or via email at info@wisdomhealth.com.

Check below which item(s) you wish to have performed for this dog:

- ☐ **\$135** = OPTIMAL SELECTION[™] includes DM, XLPR1, and X-linked hereditary nephropathy (XLHN) + OPTIGEN[™] RD/OSD2. (normally \$129.99; 15% discount applied to base test + special price \$25 RD/OSD add on)
- ☐ **\$110** = OPTIMAL SELECTION[™] includes DM, XLPR1, and XLHN. (normally \$129.99; 15% discount applied)
- ☐ **\$25** = RD/OSD2 to be added to unused OPTIMAL SELECTION[™] kit and associated sample submitted to Heart of America Samoyed Club coordinator during show period.
- ☐ Please check if you want to opt **out** of the Breeder Tool, included free with testing. Participation in the Breeder Tool allows you to be contacted by, and a limited version of your dog's profile to be visible to other breeders, and for you to view others' dogs breeding compatibility results with your dog. The option to opt in is available at any time. To opt out at a later date, please send a written request to info@wisdomhealth.com

Payment must be made directly to the Heart of America Samoyed Club.

Note: This special arrangement is available only for those dogs submitted during the Heart of America Cluster 2020. An online discount will also be available for 15% off OPTIMAL SELECTION kits between 2/1-3/14/2020, using code **HOAKC2020** at checkout on <https://www.optimal-selection.com/>. The RD/OSD2 add-on special pricing will not be available online.