ABBA v3
AUSTRALIAN BRAHMAN BREEDERS' ASSOCIATION LIMITED

Application for Pompes Disease Testing

Owner .....

Address .....

Phone ..... **Fax** .....

Membership No. ..... **Herd ID** ☐☐☐ ☐ **TAIL HAIRS** ☐ **SEMEN**

ONLY 1 MEMBERSHIP PER FORM

NO OF SAMPLES .....

	LEAVE BLANK IF COMPLETE CONFIDENTIALITY REQUIRED			OFFICE USE ONLY	
SAMPLE NO	**PRIVATE HERD NO**	**SEX**	**NAME**	**LAB CODE**	**DIAGNOSIS**

Signature of Owner/Agent ..... **Date** .....
DD/MM/YYYY

SUBMIT BUTTON **RESET**

Note

Click on the SUBMIT BUTTON to submit this form to ABBA **or**
Save this form to your Desktop, attach this pdf to any email program and send to ABBA at: kerria@brahman.com.au **or**
Save this form to your Desktop print it out on your printer and fax in to: 07 **4922 5805.**

YOU WILL RECEIVE AN EMAIL TO CONFIRM THIS APPLICATION OR CALL KERRI AT ABBA ON 07 4921 4726 TO CONFIRM BY PHONE