

The International Kiko Goat Association
DNA Genotyping Request Form*

Registered Name	Registration #	Sex	Date of Birth	% Kiko

***Please send a copy of the registration certificate for each goat being tested.**

Owner Information:

Date Requested: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Cost per test is **\$30.00**. Please make checks payable to the **IKGA**.

Send to:

Andrew Miller
IKGA Scientific Programs
1979 County Road 1100N
Sidney, IL 61877