

AMAA Genetic Defect Reporting Form

Date: _____

PHA Case Number: _____ TH Case Number: _____ Other Case Number: _____

Owner Name: _____ AMAA Breeder Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Veterinarian: _____

Phone: _____ Fax: _____ E-mail: _____

D.O.B.: _____ Calf Sex: _____

Sire: _____ Owner of Sire: _____

AMAA Registration Number: _____

Dam: _____ Owner of Dam: _____

AMAA Registration Number: _____

Symptoms and Diagnosis: _____

UC-Davis Case Number: _____

Calf Sample Received at UC-Davis: _____ Dr. Steffen /
Dr. Beever Diagnosis Received: _____

Sire Sample Received at UC-Davis: _____ Verification Results to Sire: _____

Current Case Number: _____

Dam Sample Received at UC-Davis: _____ Verification Results to Dam: _____

Current Case Number: _____

American Maine-Anjou Association

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