

## Record of Sample Collection

### EVENT DETAILS

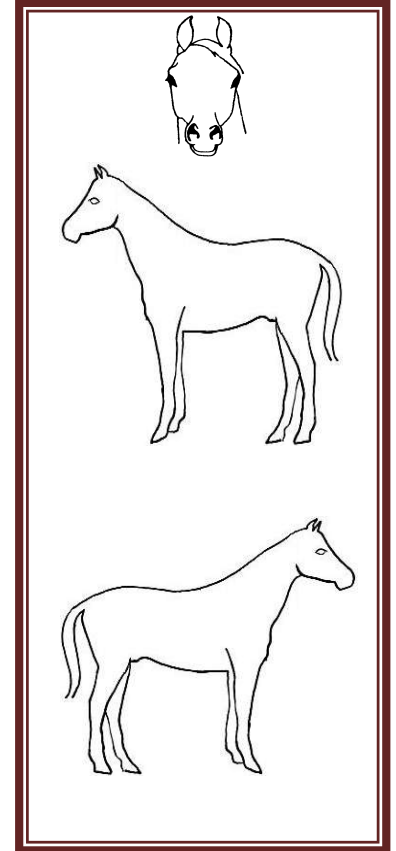
Event Name \_\_\_\_\_  
 Event Date \_\_\_\_\_ CDFA EVENT No. \_\_\_\_\_  
 CITY \_\_\_\_\_ Class Name \_\_\_\_\_  
 Class Number \_\_\_\_\_ Show Placing or Score \_\_\_\_\_

### HORSE DESCRIPTION

Horse Name \_\_\_\_\_ Exhibit or Hip # \_\_\_\_\_  
 Horse Age \_\_\_\_\_ Stallion  Gelding  Mare   
 Horse Breed \_\_\_\_\_ Horse Color \_\_\_\_\_  
 Horse Markings \_\_\_\_\_

### SAMPLING DETAILS BLOOD or URINE (Circle Sample Type)

Time horse was selected for sampling \_\_\_\_\_ Time sample collected or horse released \_\_\_\_\_



**AFFIX LEFT  
PORTION OF EACH  
BAR CODE SAMPLE  
SEAL HERE**

\_\_\_\_\_  
Print name of sample collecting agent

\_\_\_\_\_  
*Signature of sample collecting agent*

### OWNER/ TRAINER/AGENT CONTACT INFORMATION

(P.O. Boxes are NOT acceptable addresses.)

Choose One: Owner    Trainer    Agent

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address/ P.O. Box \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

**COMMENTS / NOTES:**

### OPTIONAL WITNESS VERIFICATION

- I have reviewed the information above and believe, to the best of my knowledge, it is accurate.
- I have observed the sample collection.

Witness Name \_\_\_\_\_ Witness Signature \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_\_