

## DNA CLINIC REPORT

Please submit the following information regarding the clinic to the Chair of the NCA Health & Longevity Committee within 2 weeks of date of clinic. Be sure to include any additional information that may be of help to future clinics held by other clubs.

Date of Clinic(s)	
Name of Regional Club:	
Name of Clinic Chair:	

Number of Reservations:	
Number of Walk-ins:	
Total Number of Dogs:	
Number of Newfoundlands:	

Number of other breeds DNA was collected:	
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List of other breeds collected:



Expenses:

**Copies of all receipts for expenses should be attached to this report.**

Cost of supplies	
Cost of helpers hired:	
Cost of shipping samples:	
Other costs: (please specify):	
Total Cost of DNA Clinic:	

Any problems encountered and any helpful suggestions or comments:

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Signature of person submitting DNA Clinic Report: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_