

Genetic

Form DNA storage and DNA isolation Czechoslovakian Wolfdog

LABOKLIN

LABOR FÜR KLINISCHE DIAGNOSTIK GMBH & CO. KG

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E-Mail: info@laboklin.de

This blood sample is submitted by:

Stamp (veterinarian)

Date

Signature

Owner of the dog:

Name:

Address:

Zip & City:

Country:

Phone:

Fax:

E-mail:

I hereby give my permission to publish the test results

Signature owner of the dog:

Breed: Czechoslovakian Wolfdog

Full name of dog:

Pedigree number:

Chip number:

Tattoo number:

Date of birth:

Male / Female:

Information of the veterinarian and Confirmation of the identity of the dog:

Name veterinarian:

Name practice:

Address:

Zip & City:

Phone:

The identity of the above mentioned dog was confirmed by a certified veterinarian.

Signature veterinarian:

The blood sample of at least 2 ml EDTA blood has to be taken and sent by the same veterinarian that confirmed the dogs identity using this form to:

LABOKLIN GmbH und Co. KG
Steubenstraße 4
97688 Bad Kissingen
Deutschland