

FORM: Blood sample for DNA research Pituitary Dwarfism

Registration (Please do not fill in):

Sampling Date:

Details of the owner / keeper of the dog:

Name:

Address:

Zip & City:

Country:

Phone:

E-mail:

Breed: Saarlooswolfhond

Full name of dog:

Pedigree number (send also a copy of the pedigree):

Tattoo or chip number:

Birth Date:

Male / Female:

I give permission to publish the result of this test

Signature owner:

Information of the veterinarian or the designated independent inspector.

Confirmation of the identity of the animal

Name veterinarian:

Practice:

Address:

Postcode + town:

Phone:

The veterinarian / inspector hereby declares that on the mentioned date he has checked the identity of the above-mentioned animal. He confirms that the attached blood sample of this animal was taken in accordance to the applicable protocol.

Signature Veterinarian / Inspector:

Send minimal 4 ml EDTA blood with this form and a copy of the pedigree to:

Dr. H.S. Kooistra
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