



**Cat & Dog**

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Please complete this form

**Sender of sample**

Name

Address  Zip code

City  Country

Phone  Telefax

E-mail  Date

VAT reg. no.

**Owner of animal**

Name

Address  Zip code

City  Country

**Information on animal**

**Test (please mark with X)**

Breed	
Name of animal	
Reg. no. of animal	
Date of birth	
Sex	
Name of dam	
Reg. no. of dam	
Name of sire	
Reg. no. of sire	

<b>Dogs</b>	
Parentage Verification (DNA)	
Coppertoxicosis	
<b>Cats</b>	
Parentage Verification (DNA)	
Bloodgroup determination	
FeLV	
FIV	
PKD	
Invoice to owner	
Invoice to sender	

- Please use one form per sample
- Mark sample with complete registration number or name

Herewith I confirm that the information mentioned in this submission form is correct and that I accept the general terms and conditions.

City \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Stamp Veterinary Practice

Signature \_\_\_\_\_