

Confirmation by the veterinarian, breed warden or official person

Personal Information:

Pet owner:

(Stamp or. block letters if different)

ID:
(if available)

Name:*

Street:*

Zip/City:*

Country:*

Tel.No:

Fax/email:*

Information about the animal

(block letters only, please)

Name:*	Pedigree-No.:
Breed:*	Tattoo-No.:
Line:	Microchip-No.:
Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Testkit ID.:*
Birthday:*	Oder-No.:

* Required Fields

For the analyses we need 1-2 ml EDTA blood or 1 GenoTube

Terms of Use

I confirm correct test realisation and declare under oath that the sample material matches with the identity of the indicated animal in this form. With the order I have accepted the terms of delivery and payment terms (Terms and Conditions) as well as the cancellation instruction and the privacy policy. To see also under www.feragen.at/agb. and www.feragen.at/cancellation and www.feragen.at/datenschutz

Name, First name:*
(Client / Pet owner)

.....
Date, Signature

Name, First name:*
(Veterinarian or sampler)

.....
Date, Stamp, Signature

* Required Fields

