Confirmation by the veterinarian, breed warden or official person



Personal Information:			
Pet owner: (Stamp or. block letters if dif ID: (if available)	ferent)		
Name:*			
Street:*			
Zip/City:*			
Country:*			
Tel.No:			
Fax/email:*			
Information about the animal			
(block letters only, please)			
Name:*		Pedigree-No.:	
Breed:*		Tatoo-No.:	
Line:		Microchip-No.:	
Gender:	le 🗌 female	Testkit ID.:*	
Birthday:*		Oder-No.:	
* Required Fields	For the analyses we r	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

FERAGEN GmbH Genetic Veterinary Laboratory Strubergasse 26 A-5020 Salzburg

 Phone AT:
 +43 662 / 43 93 83

 Phone DE:
 +49 8654 / 68 24 430

 Mail:
 office@feragen.at

 Web:
 www.feragen.at

IBAN: AT39 2033 4010 0000 0156 **BIC:** SMWRAT21XXX

BIC: SMWRAT21XXX UID: ATU72266816 FN: 471418 m

