Genetic

LABOKLIN
LABOR FÜR KLINISCHE DIAGNOSTIK GMBH & CO. KG
Postfach 1810 · 97668 Bad Kissingen
Telefon 0971/72020 · Telefax 0971/68546
E-Mail: info@laboklin.de

Form Degenerative Myelopaty Test

Czechoslovakian Wolfdog

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:

Page 2
Genetic

LABOKLIN
LABOR FÜR KLINISCHE DIAGNOSTIK GMBH & CO. KG
Postfach 1810 · 97668 Bad Kissingen
Telefon 0971/72020 · Telefax 0971/68546
E-Mail: info@laboklin.de

Form Degenerative Myelopaty Test

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

This bloodsample is submitted by:

Name veterinarian:

Name practice:

Address:

Zip & City:

Phone:

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

Date:

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

The bill for the DM test has to be send to: *(mark the right one)*	
	The owner
	The veterinarian