



Genetic

Form Pituitary Dwarfism Test

Czechoslovakian Wolfdog

This blood sample is submitted by		
Clinc/vet	Date	Signature

Owner/keeper 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:

<u>Breed: Czechoslovakian Wolfdog</u>
Full name of dog:
Pedigree number:
Chip number:
Tattoo number:
Date of birth
Male / Female:

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Information of the veterinarian and Confirmation of the identity of the dog (based on checking pedigree and chip):
Name vet:
Name clinic:
Address:
Zip & City:
Phone:
Email:
The identity of the above mentioned dog with chip number:was confirmed by a certified veterinarian.
Signature vet:

The blood sample of at least 2 ml EDTA blood has to be taken and sent by this vet with this form and a copy of the pedigree to

LABOKLIN GmbH und Co. KG
Steubenstraße 4
97688 Bad Kissingen
Deutschland

The bill for the Pituitary Dwarfism test has to be send to:
(mark the right one)

<input type="checkbox"/>	The owner
<input type="checkbox"/>	The veterinarian