

REQUEST FORM – DOG GENETIC TESTING **OWNER** **BREEDER** **CUSTOMER**

Name: _____

Address: _____

City, Postal code: _____ Country: _____

e-mail: _____ Phone: _____

DOG Sex: Male Female Type of sample: blood (0,5-1 ml in EDTA) buccal swab
 DNA (archived in laboratory)

Registered name: _____

Nickname: _____

Breed: _____

Date of Birth: _____

Registration No.: _____

Microchip No.: _____

Sample identification: _____**GENETIC TESTS:**

(Please, write the genetic tests you want to order. We recommend that you indicate them using the test code which is given at www.genocan.eu for each test)

By signing you agree with General Terms and Conditions and GDPR at www.en.genocan.eu on the page Customer support

Date:.....
Signature

- Dog's identity not verified
 Dog's identity verified, sample taken by veterinarian
or authorised person

.....
Vet's or authorised person signature and stamp