

**Form Bloodsample
DNA research Pituitary Dwarfism of the
Czechoslovakian Wolfdog**

<p>Name owner/ keeper of the dog:</p> <p>Name:</p> <p>Address:</p> <p>Zip & City:</p> <p>Country:</p> <p>Phone:</p> <p>E-mail:</p> <p>He/she declares to give permission to publish the test results</p> <p>Signature owner/keeper of the dog:</p>
<p>Full name of dog:</p> <p>Pedigree number (send also a copy of the pedigree):</p> <p>Tattoo or chip number:</p> <p>Date of birth:</p>
<p><u>Information of the veterinarian and Confirmation of the identity of the dog:</u></p> <p>Name veterinarian:</p> <p>Name practice:</p> <p>Address:</p> <p>Postcode + city:</p> <p>Phone:</p> <p>This veterinarian hereby declares that on the mentioned date he has checked the identity of the above-mentioned animal. He confirms that the attached blood sample of this animal was taken in accordance to the applicable protocol.</p> <p>Signature veterinarian:</p>

Minimal 4 ml EDTA blood has to be send by this veterinarian with this form and a copy of the pedigree to:

Dr. H.S. Kooistra
Department of Clinical Sciences of Companion Animals
Faculty of Veterinary Medicine, Utrecht University
Yalelaan 108
3584 CM Utrecht
The Netherlands

<p>This bloodsample is send by: <i>Here the stamp of the practice and the signature of the veterinarian which send the blood sample which guarantees the accurate identification of the dog.</i></p> <p>Stempel Handtekening</p>
