

ORDER FORM - GENETIC TESTING DOG / CAT

VETERINARY CLINIC	OWNER / BREEDER
Vet:	Name:
Clinic:	Street:
Street:	City:
City:	Post code:
Post code:	Country:
Country:	E-mail (mandatory):
E-mail:	
Phone:	Phone:
ANIMAL DATA Species: dog cat	Sample number (do not fill, for laboratory use only)
	mple collection date:
Sample type: Dood Duccal swab	other:
Name:	
Breed:	Date of birth:
Chip number:	
Pedigree number:	Tatoo number:
Tests (the list of tests is available at www.eurovetgene.com):	

IDENTITY CONFORMATION (NON-COMPULSORY)

NOTE: Some breeding organizations require conformation of animal identity by veterinarian or other independent person when taking samples. Samples without identity conformation might not be recognized by local breeding organization.

I declare that I checked animal's identity and confirmed that the sample is from the animal specified on this order form.

VET'S SIGNITURE & ST	AMP:

ATTENTION: Before printing this form please consider ordering online at www.eurovetgene.com. You will enable faster processing of your sample, avoid possible errors in transcriptions of your order form and help save the environment.

By sending samples to our laboratory you acknowledge that you have read and agreed to our Terms and Conditions and Privacy Policy published at our website www.eurovetgene.com.



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