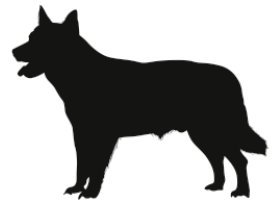




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## SUBMISSION FORM FOR DNA TEST IN DOG

### Testing Purpose

Genetic Identity / Parentage: DNA profile Genetic Disease: \_\_\_\_\_

Coat Colour: \_\_\_\_\_ Short / Long Coat: \_\_\_\_\_

Other: \_\_\_\_\_

### Customer Information

Name/Surname \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Dog Name:** \_\_\_\_\_

Reg. No.: \_\_\_\_\_ Microchip No.: \_\_\_\_\_

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dog Colour: \_\_\_\_\_ Sex: \_\_\_\_\_

**Mother Name:** \_\_\_\_\_

**Father Name:** \_\_\_\_\_

Reg. No.: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

Microchip No.: \_\_\_\_\_ Microchip No.: \_\_\_\_\_

Breed: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Collected: \_\_\_\_\_ Signature: \_\_\_\_\_

The signer hereby confirms that the declared information on the identity of the tested dog sample is accurate and that he/she agrees to the processing and storage of his/her personal data by Vetgene Laboratory / Medgene s.r.o.