

## **FORM: Blood sample for DNA research Pituitary Dwarfism**

Registration (Please do not fill in):

### **Sampling Date:**

### **Details of the owner / keeper of the dog:**

Name:

Address:

Zip & City:

Country:

Phone:

E-mail:

Breed: Saarlooswolfhond

Full name of dog:

Pedigree number (send also a copy of the pedigree):

Tattoo or chip number:

Birth Date:

Male / Female:

I give permission to publish the result of this test

Signature owner:

### **Information of the veterinarian or the designated independent inspector.**

#### **Confirmation of the identity of the animal**

Name veterinarian:

Practice:

Address:

Postcode + town:

Phone:

The veterinarian / inspector 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.

Signature Veterinarian / Inspector:

Send minimal 4 ml EDTA blood 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**