

Test Request

Owner Information

Barcode

First Name: Name:

Address: City:

Country: Zip / Postal Code:

Phone: Email:

Veterinarian Information

Veterinarian Name: Hospital / Clinic:

Address: City:

Country: Zip / Postal Code:

Phone: Email:

Dog Identification

Breed:

Registered Name:

Registration Number:

Date of Birth: Sex:

Tattoo / Chip:

Date of EDTA Blood Sample Collection:

Veterinarian Signature

Owner Signature

GenoCanin warrants its test results to be accurate for the blood sample obtained from this dog alone, as identified by the information given on this form. In the event of valid claim, owner's sole remedy is a refund of the fee paid. Any claims will be assorted within one year of the report of the test result.