



ReproDEXX Laboratory Services

A division of IDEXX Laboratories

G.S.D. Breed Council – Great Britain Haemophilia 'A' Screening Programme

Please complete all the information below in block capitals

Registered Name of Dog

Sire

Dam

Sex Date of Birth DD MM YY K.C Reg. No.

Tattoo No : Microchip No:

Owner's Details:

Owner's Surname

Title (please tick)

Mr	Mrs	Miss	Ms	Dr	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Owner's Address

House Name/No. Street	<input type="text"/>
Town	<input type="text"/>
Country	<input type="text"/>
Post Code	<input type="text"/>
E-mail (for results)	<input type="text"/>

Tel no: include STD

Fax No: include STD

Veterinary Surgeon's Details:

Name

Veterinary Practice

Practice Name	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>

Veterinary Surgeon's Signature

Please check details on the form with the registration documents and tattoo/microchip number of the dog and sign here	Date
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Vet Code

Tel No: include STD

Fax No: include STD

Collection code: PTT2

ReproDEXX Haemophilia 'A'
Screening Flier Rev 10.0