



# Sampling Certificate

## 1 - Animal

Breed : Bernese Mt Dog                      Berner-Garde # \_\_\_\_\_                       Male  Female

Call name \_\_\_\_\_                      Date of Birth \_\_\_\_\_

Registered name \_\_\_\_\_

ID#(Chip or tattoo #) \_\_\_\_\_                      Pedigree attached \_\_\_\_\_

## 2 – Requested tests & Prices (including tax)

<input type="checkbox"/>	DNA Test	Disease	Breed	Price
<input type="checkbox"/>	Pre-Test SH	Histiocytic Sarcoma	Bernese Mt Dog	\$104 (clinic price)

## 3 - Owner

Last Name \_\_\_\_\_ First Name \_\_\_\_\_                       Mrs  Ms  Mr

Email **obligatory!** \_\_\_\_\_

Kennel \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

I hereby certify that I am the owner of this animal and accept the General Sales Conditions

Owner's signature  
**obligatory**

## 4 – Veterinarian (Sample identification by a vet or vet tech is necessary for official recognition of the test results)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ License# \_\_\_\_\_

Email **obligatory** \_\_\_\_\_

Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Stamp

Date

vet or tech signature **obligatory**