

ANIMAL HEALTH TRUST

Registered Charity No 209642

Ref#

Genetic Services Animal Health Trust Tel +44 (0)1638 555621 Fax +44 (0)1638 555666 dnatesting@aht.org.uk

REQUEST FOR LAD DNA TESTING in Bull Terriers

Pups must be a minimum age of 4 weeks and weaned before cheek swabs are taken.

Name of Dog:	
Registered Number of Dog:	Microchip /Tattoo Number:
Breed:	
each test will require a separate cheek swab sampli	ng kit.
Colour Sex:	Date of Birth:
Name and Address (block letters):	
Tel: Fax:	e-mail
sample becomes the property of the Animal Health Trust and may be a registration authorities or breed clubs at their request, and may be put (http://www.aht.org.uk/genetics_dnaresults.html). All sections above in	g described above. Deletion of any statement invalidates the form. I accept that the used in future research programmes. Results may be sent to the Kennel Club, and other blished by them. For a list of organisations receiving results, please see our website must be completed and the form must be signed and dated below; by signing you agree an be found on our Webshop (http://www.ahtdnatesting.co.uk/terms_and_conditions).
Signed:	
FOR SAMPLE COLLECTION BY A VETERINARY Please confirm the microchip / tattoo number of the dog.	SURGEON
Signed: (Veterinary surgeon)	Print Practice Name & Address & Tel & Fax Nos
Print Name (Veterinary surgeon)	
Date:	
	PAYMENT
price GB£35 per test (including VAT) pa	id via invoice - Janka Cupkova
×	
Send samples Genetic Services (address above) by 1st C	
Genetic S	Services Health Trust
From UK by 1st class Lanwado	es Park
From outside UK by air mail Newmar Suffolk, United K	ket CB8 7UU