

Requesting form PRA-prcd test

Dog owner:

Name:		Surname:	
Street:	City:	ZIP:	Country:
Phone:	E-mail:		

Dog details:

1	Registered Name:	Breed:	Year of birth:
	Tattoo #:	Chip #:	Gender:
2	Registered Name:	Breed:	Year of birth:
	Tattoo #:	Chip #:	Gender:
3	Registered Name:	Breed:	Year of birth:
	Tattoo #:	Chip #:	Gender:
4	Registered Name:	Breed:	Year of birth:
	Tattoo #:	Chip #:	Gender:
5	Registered Name:	Breed:	Year of birth:
	Tattoo #:	Chip #:	Gender:

We need 1ml of blood, please use EDTA anti-coagulant tubes. Every tube has to be marked with name of the dog and number of line at this form (1-5) Price is 70 € per test, 15% discount if you order 5 and more tests.

Your bank account number:

(if you pay by bank transfer)

Credit card payment:

(check what you want)

Yes – send me payment request by e-mail No

Date:

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Name and address of the veterinarian who did the sampling:

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Address: DAJBYCH SLOVAKIA, s.r.o, P.O.BOX 38, 040 13 KOŠICE, www.prcdtest.com