Check the notice about your order in your email inbox



Filled in by ZOOGEN

ORDER FORM FOR GENETIC TESTING

All fields should be filled in with block letters

Date D	D M M Y Y		Kit order ID	if applicable
CUSTOM	ER			
Last name First name Phone L E-mail L Country	e	Ci	ty	
ANIMAL	dog	cat	other	
Date of bi	irth DID MIM ur	Tattoo	Sex N	/ F Copy is included
Additiona	l info			
offer ageem	I confirm the accuracy of ent*. I agree with the pro reement is pablished on the Signature	cessing and storage of official website www.zoog	the provided persona gen.org ustomer's name	l data.
			V	ww.zoogen.org

Veterinary Genetics Center ZOOGEN 194156, Russia, St. Petersburg, pr. Parkhomenko 24/9-B. www.zoogen.org info@zoogen.org +7 (812) 994-41-24

REQUESTED TESTS OR BREED COMPLEX	Enter th

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301	rer t	ne T	ш	or a	nı	nreviatec	ı namı

Full test list is on the website www.zoogen.org	
1	
2	
3	
4	
5	
6	
ACCOMPANYING INFORMATION	
Type of sample blood spot buccal	swab other
Sample collection performed by: owner/cus	stomersignature
representative of ZOOGEN	t name, signature
Animal identified by tatoo or microchip	o yes <u>signature</u>
veterinarian	_,
FILLED IN BY VETERINARIAN ONLY Obligatory for obtaining a Certificate with a midentification. Section cannot be filled by the collection of the animal with the collection of the processing and storage of the provided	ustomer or the owner. ip (underline the required). ted biomaterial.
Last name	_
First name	veterinarian's signature
Phone:	- Vet. Stamp
E-mail:	-
Veterinary clinic:	-
Address:	Date of sampling

If you didn't get the notice about registration of your order, please call +7 (812) 994 41 24, or write on email <code>info@zoogen.org</code>

To get the emails from the Genetics Veterinary Center ZOOGEN regulary, make sure you have selected our email address entrusted or check the spam folder regularly

Requests for obtaining the original Certificate by regular mail should be sent to the email **cert@zoogen.org** after receiving results of order