



International Sheep Dog Society

BLOOD/CHEEK SWAB SAMPLE COLLECTION CERTIFICATE

I certify that I have today collected a blood/cheek swab from the ISDS Registered Dog below, I have signed and dated the Laboratory Submission Form, and I have posted the sample to the Laboratory.*

Veterinary Surgeon – Name & Address:

Vet - Print Name

Vet – Signature

Date

Dog Name

Dog Registration No.

Microchip Number.

Date of Birth.

Owned by

Name

Address

.....

Signed

Date

PLEASE DO NOT SEND THIS FORM TO THE LABORATORY. RETAIN AND RETURN TO THE ISDS OFFICE WITH THE RESULT AND DOG REGISTRATION CERTIFICATE.

**Delete as appropriate*