



# 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: (clinic stamp)

Details of veterinary surgeon undertaking the procedure:

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