

THIS FORM SHOULD BE SENT WITH THE SPECIMENS.

THE STANDARD POODLE CLUB OPEN REGISTRY FOR

FORM B.

SEBACEOUS ADENITIS.

KENNEL CLUB REG. NAME.....

SEX..... DATE BIRTH..... KC.REG.NUMBER.....

NAME OF OWNER.....

ADDRESS.....

SIRE	PGS	
	PGD	
DAM	MGS	
	MGD	

I hereby declare that:

1. The particulars are correct and relate to the dog submitted for inclusion in the Open Registry.
2. I give permission for the result, negative or positive to be published in the Open Registry.
3. I give permission for the result to be used in any statistical research of the inheritance of this disease.

NB. Deletion of any of these items invalidates this certificate.

OWNERS SIGNATURE.....date...

SUBMITTING VETERINARY SURGEON'S CERTIFICATE.

Dog identified by: Microchip/Tattoo no:.....

Or owner's statement. Delete as necessary.

If Flea or Tick Drops have been used please state type and date.....

Veterinary Surgeon submitting Biopsy:.....

Practice Address.....

Signature:.....Date.....

SEBACEOUS ADENITIS STATUS (FOR PATHOLOGIST REPORT)

NORMAL.....AFFECTED.....EQUIVOCAL.....

COMMENTS.....

SIGNATURE OF PATHOLOGIST.....DATE.....

LAB. ADDRESS.....

PLEASE RETURN THIS FORM TO:-

Mrs M D Windebank

4Quernmore Road Bromley BR1 4EH

