

Application form pigeons

Kinship - Sex



ANIMAL DATA & DESIRED TEST(S)

No.	ID			Sex	Kinship						
	CTRY*	RING	YEAR		ID Father			ID Mother			
					CTRY*	RING	YEAR	CTRY*	RING	YEAR	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

IMPORTANT: copy serial number and/or ID on the sample bag

* COUNTRY: BE (Belgium) - NL (Netherlands) - DV (Germany) - FR (France) - ...

OWNER DATA

Name:

First name:

Address:

.....

E-mail:

Phone:

Display details on certificate? (select) yes no

SAMPLING

Sampling date:

Sampler (select)

Owner

Veterinarian

REMARKS

.....

OWNER SIGNATURE

Date:

VETERINARIAN STAMP

TO BE COMPLETED BY NEORNILAB

Receipt date:

Signature

This order is binding and can only be cancelled after timely contact with the lab. All our services, rates and results are subject to our general terms and conditions. These general terms and conditions are available on request.