

## Application form pigeons

Pathogens - Young pigeon disease - Respiratory infections - Crop infections



ANIMAL DATA & DESIRED TEST(S)				Young pigeon dis.			Respiratory inf.			Crop inf.	
				Rota	Circo	Adeno	Herpes	Mycoplasma	Chlamydia	Tricho	Yeasts & fungi
No.	ID										
	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: .....

### SAMPLING

Sampling data: .....  
**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.