



Testing Purpose

Genetic Identity / Parentage: _____ Genetic Disease: _____

Coat Colour: _____ Short / Long Coat: _____

Other: _____ Blood groups: _____

Customer Information

Name/Surname _____

Street: _____ City: _____

ZIP/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Cat Name: _____

Reg. No.: _____ Microchip No.: _____

Breed: _____ Date of Birth: _____

Cat Colour: _____ Sex: _____

Mother Name: _____ **Father Name:** _____

Reg. No.: _____ Reg. No.: _____

Microchip No.: _____ Microchip No.: _____

Breed: _____ Breed: _____

Date of Birth: _____ Date of Birth: _____

Date Collected: _____ Signature: _____