



FERAGEN e.U.
c/o Optik Wokon
Verdistr. 15
D-83395 Freilassing

Exploration Mandate / DWZRV:

GPRA and DNA for Sloughis (Sighthounds)

Institut: FERADEN e.U. Stuberweg 26, A-5020 Salzburg

Breed: Sloughi	Name of the dog:		
Registry Number (stud book):	Tattoo No.:	Chip No.:	

Mandate: Owner of the sighthound – by the DWZRV

Owner of the dog (Name and address):	
The owner confirms that the information shown on this formula are correct.	
Date:	Signature:

FERAGEN will send the results of this Exploration to the Power of the dog, together with the invoice.
If the stud dog lives outside of Germany the results and invoice will go to the owner of the female.

Blood samples: (approx. ca. 5 ml blood stabilized with EDTA)	
Name of veterinary:	
Address:	
Telephone:	
I confirm that the sent samples are from the dog shown above on this formula.	
Date _____	Signatur / Stamp

Please send this formula and the blood samples to the address shown above.