

Application form **psychomotorische** "Epilepsy Boerboel",

Boerboel name:

Registered name:

Date of birth:

Gender:

Registration nr.:

Micro chip nr.:

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Owner name:

Address:

Postal code:

City:

Country:

Phone:

Email:

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Veterinarian name:

Address:

City:

Country:

Phone:

Email :

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Does this dog suffer from episodes of abnormal behaviour ?

Yes, .....

No

Does this dog have relatives that suffer from episodes of abnormal behaviour?

Yes, .....

No

Did physical examination reveal any abnormalities?

Yes, .....

No

A physical examination was not performed

Did blood examination reveal any abnormalities?

Yes, .....

No

Blood examination was not performed.

Date of blood sampling: .....

The owner of the dog gives full permission for all information concerning the outcome of the study, to be passed on to Boerboel International for database use. To attn. of Richard Vroomen. Email : richard@boerboelinternational.eu

Collect 4 ml of blood in a plastic EDTA tube and mix well. Write Epilepsy Boerboel, name of the dog, owner and date of blood sampling on the tube.

Please send to:

Universiteitskliniek voor Gezelschapsdieren  
DNA diagnostiek  
Q. Stassen  
PO box 80.154  
NL-3508 Utrecht  
The Netherlands