



International Sheep Dog Society

BLOOD/CHEEK SWAB SAMPLE COLLECTION FORM

I certify that I have today collected a blood/cheek swab* from the ISDS Registered Dog below

Name, Address and signature of veterinary surgeon

Print Name

Signed

Date

Dog Name

Dog Registration No.

Microchip Number.....

Date of Birth.....

Owned by

Name.....

Address

.....

Signed

Date

**Delete as appropriate*