

NB* THIS FORM MUST ACCOMPANY THE SPECIMEN
STANDARD POODLE CLUB OPEN REGISTRY FOR SEBACEOUS ADENITIS
FORM B:- APPLICATION FOR HISTOPATHOLOGIC EVALUATION AND REGISTRATION
Owners Declaration: Please complete using block capitals

KC Registered Name and Number
 Sex Date of Birth
 Name of Owner
 Address

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I hereby declare that:-

1. The particulars are correct and relate to the dog submitted today for inclusion in the Open Registry.
 2. I give permission for a copy of the result, positive or negative, to be published in the Open Registry.
 3. I give permission for the result to be used in any statistical research of the inheritance of this disease.
- NB. Deletion of any of these items invalidates this certificate.

Owner's Signature Date

SUBMITTING VETERINARY SURGEON'S CERTIFICATE

DOG IDENTIFIED BY:- Microchip/Tattoo No. / Owner's Statement.

(Delete as necessary)

If flea or tick drops have been used please state type and date

Date of Biopsy Clinical Status:- Hair Loss : Y/N Scaling : Y/N
 Pruritus : Y/N No Signs : Y/N

Veterinary Surgeon submitting Biopsy

Address

Signature Date

SEBACEOUS ADENITIS STATUS (For Pathologist to fill out.)

NORMAL AFFECTED EQUIVOCAL

COMMENTS

.....

SIGNATURE OF PATHOLOGIST DATE

LAB ADDRESS

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PLEASE SEND COPIES OF COMPLETED FORM TO SUBMITTING VETERINARY

SURGEON AND:
 Mrs M Windebank
 Welfare Officer SPC
 4 Quernmore Road
 Bromley
 Kent BR1 4EH

Tel: 0208 464 2811 / Email: m.windebank@btinternet.com

(N.B. This form and the report will not be eligible for the SA Open Registry if altered in any way.)

Samples, together with the Open Registry Form (downloadable from www.standardpoodleclub.com) should be sent to any one of the following:

Abbey Veterinary Services
Trevor J Whitbread
89 Queen Street
Newton Abbot
Devon
TQ12 2BG

Finn UK
Dr David Shearer
One Eyed Lane
Weybreech
Diss, Norfolk
IP21 5TT

Rest Associates
Dr J R Rest
30 Greenhead Road
Swaffham Prior
Cambridge
CB25 0JT