

STANDARD POODLE CLUB

OPEN REGISTRY FOR SEBACEOUS ADENITIS

FORM A

APPLICATION FOR ENTRY OF **AFFECTED** DOGS ONTO THE REGISTER

PLEASE COMPLETE USING BLOCK CAPITALS

OWNER'S DECLARATION:-

KC REGISTERED NUMBER.....

TATTOO OR CHIP NUMBER.....

KC REGISTERED NAME.....

SEX.....COLOUR.....DATE OF BIRTH.....

NAME OF OWNER.....

ADDRESS.....

.....Post Code.....

SIRE	PGS
	PGD
DAM	MGS
	MGD

I hereby declare that:-

1. The particulars above are correct and relate to the dog submitted for the open registry
2. This dog has a histological diagnosis of Sebaceous Adenitis (copy of histology report attached)
3. I give permission for a copy of this report to be published in the open registry
4. I give permission for this report to be used in any statistical research of the inherited disease

NB:- Deletion of any of these items invalidates this certificate

Ownre's signature.....Date.....

When completed please return to

Mrs M D Windebank
4 Quernmore Road
BROMLEY
KENT BR1 4EH