



Request for examination on WFFS

(Warmblood Fragile Foal Syndrome)

Herewith I, the owner of the horse,

Surname: _____

First name: _____

Number of membership: _____

authorize the Verband der Züchter des Oldenburger Pferdes e.V. (OL) or the Springpferdezuchtverband Oldenburg-International e.V. (OS) to arrange for the examination on WFFS of my horse at the laboratory Certagen. I agree that the results will be forwarded to and saved by the Zuchtverband. Furthermore, I confirm that the forwarded sample originate of my horse.

Data of the horse

Identification number: _____

Sex: _____

Transponder Code (if available): _____

Name Sire: _____

Name Dam : _____

The parent verification has already been executed and my horse now should be tested on WFFS (Warmblood Fragile Foal Syndrome)

Please send via E-Mail to Sabine Busemann, busemann.sabine@oldenburger-pferde.com, or to Astrid Fischer, fischer.astrid@oldenburger-pferde.com.

Date

Signature of horse owner
