



# Schipperke Club

APPLICATION FOR REBATE ON TESTING FEES ASSOCIATED WITH Von Willebrands Disease Genetic status. All completed forms and supporting documentation must be returned to :

Jackie Hardy, 18 Coed Mieri, Tyla Garw, Pontyclun, CF72 9UW. If possible please email scanned documents to me at [jackieiw@gmx.com](mailto:jackieiw@gmx.com).

**Applicant Name:**

**Applicant Address** (to where rebate/correspondence will be sent):

**Animal Tested** (Registered Name):

**Kennel Club Registration Number:**

**Date of Application:**

**Amount Claimed:**

(please select as required)

A:  I wish to have a cheque issued to me payable to \_\_\_\_\_ for the amount of my claim

B:  I wish to donate my rebate to the Schipperke Rescue Fund

I consent to the result being recorded and held on the Schipperke Club Health Register in **strictest** confidence for surveillance purposes only to determine future club/breed policy on Von Willebrands Disease (VWD)

Signature of Applicant

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Office Use only:

Confirmation of current Membership Yes/No

Test Results attached: Yes/No

Test Results from:  **Animal Genetics UK (St Austell)**

**Animal DNA Diagnostics Ltd (Cambridge)**

Test Result: Positive/Negative

Added to Register: Date \_\_\_\_\_

Valid Claim: YES/NO

Signed: \_\_\_\_\_ (Health Co-ordinator or nominated delegate)

Request sent to Treasurer: Date \_\_\_\_\_

A: Cheque Issued: Date \_\_\_\_\_ Cheque Number: \_\_\_\_\_

OR

B: Transfer of Funds to Rescue Fund Date \_\_\_\_\_

Signed: \_\_\_\_\_ (Treasurer or nominated approved delegate)

**TO BE TREATED IN STRICTED CONFIDENCE BY THE COMMITTEE MEMBERS OF THE SCHIPPERKE CLUB**