



Request for a medical special permission

Datas of the applicant

last name, first name

address

telephone number

email address

Datas of the dog

name

breed

Dog

Bitch

age (years)

Weight (kg)

sex

castrated

Chip number (15-digits number)

Clinical picture of the dog *(please enclose the certificate respectively the medical report if available)*

Intended / administered medication

name of the medication

active substance

dose

administration method

date of the first administration

duration

Next intended use of the dog

event

Kind of sport/discipline

date

The fee for the treatment of the request has to be paid by the applicant (see implementing rules – doping controls within the Verband fuer das Deutsche Hundewesen e. V. – competitions, trials in all sections offered by VDH). The fee is € 50,00 (incl. 19 % VAT) and has to be paid within one week to the following account: account holder: VDH e. V., name of the bank: Sparkasse Dortmund, IBAN: DE56 4405 0199 0281 0054 99, use: special permission sport.

A given special permission is valid until December 31 of the year in which the application was made.

signature of the applicant

place, date

Please signed by fax to 00 49-231/59 24 40 or by email to dopingtest@vdh.de