

The undersigned: .....  
Born in: ..... On: .....  
Resident in: .....  
ZIP: ..... City: ..... Prov.: .....  
Taxpayer's code: ..... Identification: .....

### Delegates

Mr/Ms: .....  
Born in: ..... On: .....  
Resident in: .....  
ZIP: ..... City: ..... Prov.: .....  
Taxpayer's code: ..... Identification: .....

to transfer the spoils of his/her pet to the Istituto Zooprofilattico Sperimentale delle Venezie and to sign the informed consent acquisition form for destination of the latter.

**Delegating person's signature** ..... **Date** .....

Attach a copy of an identification document of the delegating person.