

**Client Information
And
Sample Submission Form**



CLIENT INFORMATION

Date: _____
Operation Name: _____
Contact Name: _____
Last First M.I.
Address: _____
Street Address

City State ZIP Code
Office Phone: () _____ Mobile Phone: () _____
Office Fax #: _____
E-mail Address: _____
Operation Type (Cow-calf, Feedlot, Dairy) _____

SAMPLE SUBMISSION INFORMATION

Test Type: **API** **BVD PI** # of samples _____
Start date: _____ End date: _____
Send Results **Fax** **E-mail** Copy to: _____
Invoice To: **Operation** **Veterinarian** Lot # _____
Tracking # _____ Cattle type _____

VETERINARIAN CONTACT INFORMATION

Full Name: _____
Last First M.I.
Address: _____
Street Address

City State ZIP Code
Primary Phone: () _____ Mobile Phone: () _____
Office Fax: _____
E-mail: _____

