

biOPRYN[®]wild

Wildlife Sample Submission Form



Herd Health Diagnostics
 1205 SE Pro Mall Blvd. Suite 109
 Pullman, WA 99163
 Phone: 509.715.1131
 amber@herdhealthdiagnostics.com

Billing Information:

Company Name: _____
 Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____
 Fax: _____
 Email: _____

Payment Included \$ _____ (check, credit card)

Payment is due at the time of service.

Make checks payable to:

HERD HEALTH DIAGNOSTICS

Send Report by:

(Preferred method to receive report; check box(es) and include info)

Email: _____
 Name & Phone: _____
 Mail (sent to address under Billing Information:)

Samples:

Date Sent: _____

Number of Samples Submitted: _____

Tube #	Animal ID	Days Bred	Date Drawn
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Office Use Only

Log #: _____
 Amount Enclosed \$: _____
 Notes: _____

Breeding Method:

Bull/Buck
 Artificial Insemination (AI)
 Embryo Transfer (ET)

Type of Wildlife:

Deer Moose African Antelope
 Elk Caribou Reindeer

Breed: _____

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

Tube #	Animal ID	Days bred	Date Drawn
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

Tube #	Animal ID	Days Bred	Date Drawn
29			
30			
31			
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Tube #	Animal ID	Days bred	Date Drawn
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