

Cattle Multi-Service Form

BioPRYN / BVD / BLV / Johnes



Herd Health Diagnostics
 1205 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.
 Please 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:)

Optional Information:

Veterinarian's Name: _____
 Client's Name: _____
 Herd ID: _____

Samples:

Date Drawn: _____ Date Sent: _____
 Number of Samples Submitted: _____

Office Use Only

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

Breed of Animal:

Beef
 Dairy
 Type of Breed: _____

Breeding Method:

Bull
 Artificial Insemination (AI)
 Embryo Transfer (ET)

Services Available:

Write an "X" in the column(s) below to indicate the service(s) requested.	Total # of tests requested
BioPRYN.....	_____
Bovine Leukemia Virus (BLV).....	_____
Bovine Viral Diarrhea (BVD).....	_____
Johnes.....	_____

Tube #	Animal ID	Cow or Heifer?	Days post breeding	BioPRYN	BLV	BVD	Johnes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Tube #	Animal ID	Cow or Heifer?	Days post breeding	BioPRYN	BLV	BVD	Johnes
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
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Tube #	Animal ID	Cow or Heifer?	Days post breeding	BioPRYN	BLV	BVD	Johnes
45							
46							
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51							
52							
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Tube #	Animal ID	Cow or Heifer?	Days post breeding	BioPRYN	BLV	BVD	Johnes
80							
81							
82							
83							
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86							
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100							