



Okie Dokie Cattle Data

PI-BVD Test Submission Form

Client Name _____

Address _____

Phone Number _____

E-mail _____

Fax _____

Preferred method of contact (circle one) **PHONE** **FAX** **EMAIL** **OTHER** _____

Bill to Client _____ **Payment enclosed** _____

NUMBER OF TESTS SUBMITTED _____

***Be sure all vials are clearly labeled with the correct
Animal ID***

