



# Okie Dokie Cattle Data

## PI-BVD Test Submission Form for Veterinarians

Veterinarian Name \_\_\_\_\_ Client Name \_\_\_\_\_  
Address \_\_\_\_\_ Client Phone \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

*\*Veterinarian will be contacted with  
results unless otherwise noted\**

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

Bill to Veterinarian \_\_\_\_\_ Payment enclosed \_\_\_\_\_

NUMBER OF TESTS SUBMITTED \_\_\_\_\_

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

**Verden Veterinary Clinic**

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