



OKIE DOKIE CATTLE DATA

Pregnancy Test Submission Form

Name _____
Address _____
City, State, Zip _____
Phone _____
Fax _____
E-mail _____

I WANT MY RESULTS BY: (Circle One)

PHONE

FAX

E-MAIL

OTHER _____

THIS TEST IS FOR: (Circle One) Goats/Sheep Cattle

Number of Samples submitted _____ Payment enclosed _____

Tube #	Animal ID	Tube #	Animal ID	Tube #	Animal ID	Tube #	Animal ID	Tube #	Animal ID
1		11		21		31		41	
2		12		22		32		42	
3		13		23		33		43	
4		14		24		34		44	
5		15		25		35		45	
6		16		26		36		46	
7		17		27		37		47	
8		18		28		38		48	
9		19		29		39		49	
10		20		30		40		50	



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Verden Veterinary Clinic

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