


Name: _____ Business Name: _____
 Address: _____
 City: _____ State _____ Zip Code: _____
 Country: _____ Phone # _____
 Fax # _____ Email: _____

Comments _____

DNA Sexing
 Chlamydia psittacia
 Avian Polyoma virus
 PBFD
 Pacheco's Disease
 Avian Borna Virus

	Label ID #	Species of Bird	Bird ID (Leg Band #)	Bird Name									
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
	11												
	12												
	13												
	14												
	15												
	16												
	17												
	18												
	19												
	20												
	21												
	22												
	23												
	24												

Payment Total Amount: _____ Check# _____ Money Order Credit Card Request a PayPal Invoice
 Pre-pay Via PayPal (PayPal@animalgenetics.us) Date Payment Sent: _____ Transaction Number: _____

Credit Card Information 

Print customer name:	Account #:	Exp. Date:
Signature of Cardholder:	Billing zip code (postal code):	3 or 4 digit Security Code #::

Test results and invoices are sent via US mail.

Additional Supplies: Fill in the number of kits needed. Each kit is for one sample collection.
 Send sample collection kits for DNA testing from _____ Blood Cards _____ Feathers _____ Dry Swabs _____