


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													
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16													
17													
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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. Please check here to have results sent via Email as PDF

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 _____