



DNA Test Order Form

Veterinary clinic/Company

Name:
Address:
Zip code:
Town:
Country:
VAT No.:
E-mail:
Phone:

Owner/Breeder

First name:
Last name:
Address:
Zip code:
Town:
Country:
E-mail:
Phone:

Sampling date:

Confirmation of the animal identity, accuracy of animal information and biological sample

Vet's signature and stamp*:

**By signing this document you confirm that you have taken the sample and confirmed the identity of this animal (optional)*

Invoice to: Clinic/company owner/breeder

Payment: cash credit/debit card PayPal bank transfer

Send results by: E-mail post

Animal

Sex: female male

Name:

Common name:

Scientific (Latin) name.:

Identification No.:



AnimaLabs®

Knowledge beyond tomorrow

Order (mark the tests you want to order for this animal)

bird sexing

Not on the list:

Coupon No.:

Signature*:

* By signing the form you acknowledge that you have read and accepted the Terms of Service
www.animalabs.com