


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

Comments _____

DNA Sexing
 Chlamydia psitacia
 Pigeon Circovirus
 Pigeon Herpesvirus
 LDHA1
 DRD4 --a,b
 DNA Profile

	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. 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 _____