bioPRYN®

Bison/Buffalo/Yak
Sample Submission Form

Herd Health Diagnostics
1205 SE Pro Mall Blvd. Suite 109
Pullman, WA 99163
Phone: 509.715.1131
amber@herdhealthdiagnostics.com

Billing Information:

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone: _____

Fax: _____

Email: _____

Payment Included $ _____ **(check, credit card)**
Payment is due at the time of service.
Make checks payable to:
HERD HEALTH DIAGNOSTICS

Send Report by:
(Preferred method to receive report; check box(es) and include info)

☐ **Email:** _____
☐ **Name & Phone:** _____
☐ **Mail (sent to address under Billing Information:)**

Office Use Only

Log #: _____

Amount Enclosed $: _____

Notes: _____

Type of Animal:

☐ **Bison**
☐ **Buffalo**
☐ **Yak**

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

Samples:

Date Drawn: _____ **Date Sent:** _____

Number of Samples Submitted: _____

Tube #	Animal ID	Days Bred
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Tube #	Animal ID	Days Bred
15		
16		
17		
18		
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20		
21		
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23		
24		
25		
26		
27		
28		

Tube #	Animal ID	Days Bred
29		
30		
31		
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Tube #	Animal ID	Days Bred
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