bioPRYN® wild

Wildlife Sample Submission Form

Midwest Fertility Solutions
15349 St. Rt. 235
Belle Center, OH 43310
Phone: (419) 296.2605
midwestfertilitysolutions@gmail.com

Billing Information:

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone: _____

Fax: _____

Email: _____

Payment Included $ _____ **(check or credit card)**
MAKE CHECKS PAYABLE TO: Midwest Fertility Solutions

Send Report by:

(Preferred method to receive report; check box(es) and include info)

☐ **Email:** _____

☐ **Name & Phone:** _____

☐ **Fax:** _____

☐ **Mail (sent to address under Billing Information:)**

Office Use Only

Log #: _____

Amount Enclosed $: _____

Notes: _____

Wildlife Species:

☐ **Elk** ☐ **Moose**
☐ **Mule Deer** ☐ **Whitetail Deer**
☐ **Caribou** ☐ **Antelope (African only)**

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		
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Tube #	Animal ID	Days Bred
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Tube #	Animal ID	Days Bred
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Tube #	Animal ID	Days Bred
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