bioPRYN®

Sheep & Goat Sample Submission Form

OAK HAVEN DIAGNOSTICS
374 Piedmont Road
Barnesville, GA 30204

Phone: (678) 591-1144
lab@oakhavendiagnostics.com

Billing Information:

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone: _____

Fax: _____

Email: _____

Payment Included $ _____ **(check or credit card)**

MAKE CHECKS PAYABLE TO: Oak Haven Diagnostics

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:)**

Samples:

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

Number of Samples Submitted: _____

Office Use Only

Log #: _____

Amount Enclosed $: _____

Notes: _____

Breeding Method:

☐ **Buck / Ram**

☐ **Artificial Insemination (AI)**

Type of Animal:

☐ **Sheep** ☐ **Bighorn Sheep**

☐ **Goat** ☐ **Mountain Goat**

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

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		
19		
20		
21		
22		
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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