



Animal Genetics

3382 Capital Cir. NE, Tallahassee FL 32308

Account # _____ Date _____





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

Comments _____

DNA Sexing
 Chlamydia psittacia
 Avian Polyoma virus
 PBFD
 Pacheco's Disease
 Avian Borna virus **Blood**
 Avian Borna virus Feather

	Species of Bird	Bird ID (Leg Band #)	Bird Name																	
1																				
2																				
3																				
4																				
5																				
6																				
7																				
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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:	Credit Card #	Exp. Date:
Signature of Cardholder:	Billing zip code (postal 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