

Sample SUBMITTED BY VETERINARIAN to OptiGen:

This form is for use by **veterinarians** submitting a sample and test request to OptiGen.

Veterinarian: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Email: _____

Report to: Owner Veterinarian Both
Report Method: Email Fax Mail

If owner is to receive a report, please provide contact information:

Owner: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Email: _____

Breed: _____

DOG IDENTIFICATION (Indicate "N/A" if question not applicable) _____

Call Name: _____
Registered Name: _____
Registry (e.g. AKC): _____
Registration #: _____
Birthdate: ___/___/___ (mon/day/yr) Sex: Female Male
Registered Name of Sire: _____
Registered Number of Sire: _____
Registered Name of Dam: _____
Registered Number of Dam: _____