



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
 Pigeon Circovirus
 Pigeon Herpesvirus
 LDHA1
 DRD4 – a,b
 DNA Profile

	Label ID #	Species of Bird	Bird ID (Leg Band #)	Bird Name										
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
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:	Account #:	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 _____