



# OKIE DOKIE CATTLE DATA

## PREGNANCY TEST SUBMISSION FORM for Veterinarians

Veterinarian Name \_\_\_\_\_ Client Name \_\_\_\_\_  
 Address \_\_\_\_\_ Client Phone \_\_\_\_\_  
 Phone \_\_\_\_\_ Number of Samples  
 submitted \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

*\*Veterinarian will be contacted with  
results unless otherwise noted\**

Preferred method of contact (circle one) **PHONE** **FAX** **EMAIL** **OTHER** \_\_\_\_\_

**Bill to Veterinarian** \_\_\_\_\_ **Payment enclosed** \_\_\_\_\_

Tube #	Animal ID	Tube #	Animal ID	Tube #	Animal ID	Tube #	Animal ID	Tube #	Animal ID
1		11		21		31		41	
2		12		22		32		42	
3		13		23		33		43	
4		14		24		34		44	
5		15		25		35		45	
6		16		26		36		46	
7		17		27		37		47	
8		18		28		38		48	
9		19		29		39		49	
10		20		30		40		50	