



# OKIE DOKIE CATTLE DATA

## PI-BVD TEST SUBMISSION FORM for Veterinarians

Veterinarian Name \_\_\_\_\_ Client Name \_\_\_\_\_  
Address \_\_\_\_\_ Client Phone \_\_\_\_\_  
Phone \_\_\_\_\_  
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 \_\_\_\_\_

NUMBER OF TESTS SUBMITTED \_\_\_\_\_

***Be sure all vials are clearly labeled with the  
correct Animal ID***