

**Performance Animal Diagnostics**

**Created by Cattlemen, for Cattlemen**

**Tommy Crowell, LVMT**

**Amanda Baker, LVMT**

Client: \_\_\_\_\_

Sample Collection Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Herd Location/Farm name: \_\_\_\_\_

**Diagnostic test requested and sample count:**

**Sample Type:** (circle all that apply)

BVDV-PI \_\_\_\_\_

Blood      Ear Notch      Fecal

JOHNES \_\_\_\_\_

BLV \_\_\_\_\_

Screen #1 \_\_\_\_\_      BVDV-PI, Johnes, BLV

BOVINE PREGNANCY \_\_\_\_\_

Screen #2 \_\_\_\_\_      BVDV-PI, Johnes, BLV, Bovine Preg

EQUINE PREGNACNY \_\_\_\_\_

ANAPLASMOSIS \_\_\_\_\_

*Please be sure to label each sample with the animal identification number.*

**ATTENTION: Any amount under 4 samples may require a longer processing time and/or additional fee due to test compatibility.**

Sample Number	Animal Identification	Sample Number	Animal Identification	Sample Number	Animal Identification	Sample Number	Animal Identification	Sample Number	Animal Identification
1		21		41		61		81	
2		22		42		62		82	
3		23		43		63		83	
4		24		44		64		84	
5		25		45		65		85	
6		26		46		66		86	
7		27		47		67		87	
8		28		48		68		88	
9		29		49		69		89	
10		30		50		70		90	
11		31		51		71		91	
12		32		52		72		92	
13		33		53		73		93	
14		34		54		74		94	
15		35		55		75		95	
16		36		56		76		96	
17		37		57		77		97	
18		38		58		78		98	
19		39		59		79		99	
20		40		60		80		100	

**Postal Service Address:**      Houston Co. Animal Clinic 4050 W Main Street, Suite 2 Erin, TN 37061