

Submission Form

OFFICE USE ONLY

Dog Name: _____

Dog Breed: _____

Please fill out this section only if applicable.

Is this dog being tested for potential sensitivity to chemotherapy drugs? _____

Is this dog being tested to begin treatment for Demodectic Mange? _____

THIS SECTION COMPLETED IF VETERINARIAN MAKES SUBMISSION (PLEASE PRINT LEGIBLY!)

*** If sending blood, a min of 4 mls is required. It must be sent FedX overnight on an icepack. ****

Veterinarian & Clinic Name(REQUIRED) _____

Complete Address: _____

City _____ State/Province _____ Zip _____

Clinic Number: (_____) _____ Clinic FAX Number: (_____) _____

THIS SECTION COMPLETED IF OWNER MAKES SUBMISSION (PLEASE PRINT LEGIBLY!)

It is the OWNERS RESPONSIBILITY to notify their veterinarian of test results. Results are sent by EMAIL.

Owner Name: _____

Complete Address: _____

City _____ State/Province _____ Zip _____

Home Phone: (_____) _____ Cell / Work: (_____) _____

Owner E-mail: _____

Please PROGRAM your email SPAM filter to accept emails w/attachments from vcpl.judy@vetmed.wsu.edu

Pricing & Payment: PAYMENT MUST ACCOMPANY THE SAMPLE. 1 TEST = 2 BRUSHES. For 1 - 4 tests (included in a single shipment).....\$70 US Dollars per test - # of Tests: _____ For 5 or more tests (included in a single shipment)..... \$60 US Dollars per test - # of Tests: _____

We accept payment in US Dollars by check, money order, or credit card (MasterCard or Visa). Make Checks payable to VCPL-WSU. DO NOT SEND CASH.

Name of Cardholder: (PRINT) _____

Address (if different from address above): _____

City _____ State/Province _____ Zip _____

Credit Card Number: _____

V-CODE number (required)** _____ Expiration Date _____

**The last three digits of lengthy number on the back of the credit card generally close to the signature line

Your signature hereby authorizes VCPL/WSU to charge your credit card for this MDR1 test.

Signature of Cardholder (REQUIRED) _____

Send the labeled brushes, this information sheet, and payment to:

(Sent via US Postal Service) VCPL PO Box 609 Pullman, WA 99163

OR

(Sent via FedEx or UPS) VCPL 17 VTH Pullman, WA 99164 Phone: 509-335-3745