



Proven.
Accurate.
Convenient.
Cost-effective.

Sheep & Goat Sample Submission Form

Billing Information:

Company Name: _____
Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____
Fax: _____
Email: _____

Payment Included \$ _____

Send Report by:

(Preferred method to receive report; check box(es) and include info)

Email: _____
 Name & Phone: _____
 Fax: _____
 Mail (sent to address under Billing Information:)

Samples:

Date Drawn: _____ Date Sent: _____
Number of Samples Submitted: _____

Office Use Only
Log #: _____
Amount Enclosed \$: _____
Notes: _____

Breeding Method:

Buck / Ram
 Artificial Insemination (AI)

Type of Animal:

Sheep Bighorn Sheep
 Goat Mountain Goat

Optional Information:

Veterinarian's Name: _____
Client's Name: _____
Herd ID: _____

Tube #	Animal ID	Days Bred
1		
2		
3		
4		
5		
6		
7		
8		
9		
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11		
12		
13		
14		

Tube #	Animal ID	Days Bred
15		
16		
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Tube #	Animal ID	Days Bred
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30		
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Tube #	Animal ID	Days Bred
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