



TEST REQUEST FORM
 PRICES EFFECTIVE January 1, 2006

HEMOPET / HEMOLIFE W. JEAN DODDS, DVM

11561 SALINAZ AVENUE, GARDEN GROVE, CA 92843

Phone: (714) 891-2022 Fax: (714) 891-2123 BILLING: (714) 891-2022

Web Site: www.hemopet.com

Email: hemopet@hotmail.com

VETERINARIAN:		Date:
Clinic:		
Address:		
City:	State:	Zip:
Phone:	FAX:	Email:

CLIENT:		
Address:		
City:	State:	Zip:
Phone:	FAX:	Email:

THE FOLLOWING INFORMATION IS *CRITICAL* FOR DR. DODDS' INTERPRETATION !!!

Species: Canine

Pet Name:	Breed: Irish Water Spaniel
Age:	Sex (circle): F FS M MN Weight:
REASON FOR TESTING & BRIEF HISTORY:	
ON MEDICATION (circle): YES NO If Yes, brief list:	
HOW MUCH?	HOW OFTEN? BLOOD DRAWN ___ HRS POST PILL

Check tests desired and enclose appropriate fees	PRICES IN US DOLLARS	Cost
___ Thyroid Ab Profile/D8T (If on thyroid therapy, complete above medication questions) AND ADD TgAA to D8T. Include IWS Questionnaire with <u>ALL</u> options. ___ AND ADD DNA -- no additional charge. Include DNA Informed Consent. - O R - [this form reflects newly subsidized Breeders Cmte prices]		\$55.00/US \$35.00/US to Hemopet
___ Thyroid Ab Profile/D8T; + TgAA to D8T; + OFA Panel (86135) & DNA <i>(include Completed & Signed OFA form + \$15/US check to OFA if you want these results submitted to their IWS database. You must decide now BEFORE results are returned.)</i>		\$85.00/US \$65.00/US to Hemopet \$15.00/US to OFA
Additional amount as a Donation to HEMOPET or Rabies Challenge Fund – please <i>circle</i> preference		\$ _____
	Total:	\$ _____

Credit Card Account # (all but Discover): _____ Type _____
 Expiration Date: (Month & Year): _____ Authorized Signature: _____
 PRINT NAME as it appears on your card: _____

*Please contact Hemopet for availability and pricing of other Diagnostic Tests. Thank you!

