



Cattle Sample Submission Form

BioTracking Inc.
1150 Alturas Drive Ste. 105
Moscow, Idaho 83843
Phone: (208) 882-9736
testinglab@biotracking.com

Billing Information:

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

Payment Included \$ _____ (check or credit card)
MAKE CHECKS PAYABLE TO: BioTracking

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: _____

Tube #	Animal ID	Days Bred	Cow/Heifer?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Office Use Only

Log #: _____
Amount Enclosed \$: _____
Notes: _____

Breeding Method:

Bull
 Artificial Insemination (AI)
 Embryo Transfer (ET)

Breed of Animal:

Beef
 Dairy

Type of Breed: _____

Optional Information:

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

Tube #	Animal ID	Days Bred	Cow/Heifer?
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

Tube #	Animal ID	Days Bred	Cow/Heifer?
29			
30			
31			
32			
33			
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Tube #	Animal ID	Days Bred	Cow/Heifer?
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