



Animal Genetics

3382 Capital Cir. NE, Tallahassee FL 32308

Account # _____ Date _____

Name: _____ Business Name: _____
 Address: _____
 City: _____ State _____ Zip Code: _____
 Country: _____ Phone # _____
 Email: _____

Comments _____

DNA Sexing
 Chlamydia psittacia
 Pigeon Circovirus
 Pigeon Herpesvirus
 LDHA1
 DRD4 – a,b
 DNA Profile

	Label ID #	Species of Bird	Bird ID (Leg Band #)	Bird Name										
	1													
	2													
	3													
	4													
	5													
	6													
	7													
	8													
	9													
	10													
	11													
	12													
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	16													
	17													
	18													
	19													
	20													
	21													
	22													
	23													
	24													

Payment Total Amount: _____ Check# _____ Money Order Credit Card Request a PayPal Invoice
 Pre-pay Via PayPal (PayPal@animalgenetics.us) Date Payment Sent: _____ Transaction #: _____

Credit Card Information

Print customer name:	Account #:	Exp. Date:
Signature of Cardholder:	Billing zip code (postal code):	3 or 4 digit Security Code #::

Additional Supplies: Fill in the number of kits needed. Each kit is for one sample collection.

Send sample collection kits for DNA testing from _____ Blood Cards _____ Feathers _____ Dry Swabs