



OAK HAVEN DIAGNOSTICS

374 Piedmont Road
Barnesville, GA 30204



Phone: 678-591-1144
lab@oakhavendiagnosics.com

Billing Information:

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Payment Included \$ _____ (check or money order)

MAKE CHECKS PAYABLE TO Oak Haven Diagnostics

Send Report by:

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

Email: _____

Name & Phone: _____

Mail (send 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			

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?
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

Tube #	Animal ID	Days Bred	Cow/Heifer?
27			
28			
29			
30			
31			
32			
33			
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38			
39			
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Tube #	Animal ID	Days Bred	Cow/Heifer?
64			
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