

## Ferret Aleutian Disease Virus CEP Test Order Form

Today's Date			
Name			
Business Name			
Address			
City			
State		Zip:	
Phone Number			
Email			
Order Table	Ferret Name		
Sample 1			
Sample 2			
Sample 3			
Sample 4			
Sample 5			
Sample 6			
Sample 7			
Sample 8			
Sample 9			
Sample 10			
How Would You Prefer Your Results Reported?	Total Number of Samples		
Please send results via email and regular mail.	Cost per Test	\$10	
	Total Cost		
<b>ADV Tests Payment Information</b>			
Check/Money Order Enclosed	<input type="checkbox"/>	Credit Card Payment	<input type="checkbox"/>
Card Number	Exp. Date:	CVV:	
Name on Card:			
Signature:			
<b>ADV Testing Address:</b>		<b>Blue Cross Animal Hospital</b> <b>ATTENTION: Dr Blau - CEP TESTS</b> <b>401 N Miller Ave</b> <b>Burley, ID 83318</b>	