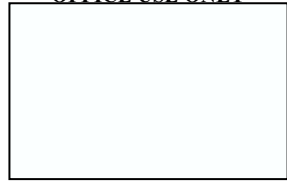


### Returning the Samples

OFFICE USE ONLY



Allow brushes to air dry for a few hours or overnight. Carefully place them back in their packages and use a piece of tape to help keep them closed, but do not seal tightly.

Dog Name: \_\_\_\_\_

Dog Breed: \_\_\_\_\_

This section is to help us in our ongoing research. **Please fill out only if applicable.**

Is this dog being tested to assess potential sensitivity to chemotherapy drugs? \_\_\_\_\_

Has this dog had a drug reaction? \_\_\_\_\_ If so, to which drugs? \_\_\_\_\_

➤ THIS SECTION COMPLETED IF VETERINARIAN MAKES SUBMISSION (PLEASE PRINT LEGIBLY!)

Veterinarian AND Clinic Name: ASHGI / ASCA HEALTH & GENETICS CLINIC

Complete Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Clinic Number: (xxx) \_\_\_\_\_ Clinic FAX Number: (xxxx) \_\_\_\_\_

➤ THIS SECTION COMPLETED IF OWNER MAKES SUBMISSION (PLEASE PRINT LEGIBLY!)

It is the OWNERS RESPONSIBILITY to notify their veterinarian of test results. Results are sent by EMAIL.

Owner Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell / Work: (\_\_\_\_\_) \_\_\_\_\_

Owner E-mail: \_\_\_\_\_

☞ Please PROGRAM your email's SPAM filter to accept emails w/attachments from [vcpl.judy@vetmed.wsu.edu](mailto:vcpl.judy@vetmed.wsu.edu)

**Pricing & Payment: PAYMENT MUST ACCOMPANY THE SAMPLE. 1 TEST = 2 BRUSHES.**

For 1 - 4 tests (included in a single shipment).....\$70 US Dollars per test - # of Tests: \_\_\_\_\_

For 5 or more tests (included in a single shipment)..... \$60 US Dollars per test - # of Tests: \_\_\_\_\_

We accept payment in US Dollars by check, money order, or credit card (MasterCard or Visa).

If you are paying by credit card: (Visa or MasterCard only) Make Checks payable to VCPL-WSU

Name of Cardholder: \_\_\_\_\_

Address of Cardholder (if different from address above): \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

V-CODE number (required)\*\* x \_\_\_\_\_ x \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*\*The last three digits of lengthy number on the back of the credit card generally close to the signature line.

Test results are usually available in two weeks. Do not send tests via UPS.

Send in the labeled brushes, this information sheet, and payment to:

(Sent via US Postal Service)  
VCPL  
PO Box 609  
Pullman, WA 99163

OR

(Sent via Federal Express)  
VCPL  
17 VTH  
Pullman, WA 99164  
Phone: 509-335-3745