

ADV Test Form

Owner's Name: _____

Address: _____

Phone: _____

Other Phone: _____

Ferret's Name as it will appear on official paper work:

Blood sample 1) _____

Blood sample 2) _____

Blood sample 3) _____

Blood sample 4) _____

Blood sample 5) _____

Blood sample 6) _____

Blood sample 7) _____

Blood sample 8) _____

Amount Submitted: _____

(\$10.00 each ferret.)

Include a check payable to: **Blue Cross Animal Hospital.**

Ship blood sample (wrapped in bubblewrap or in a box) overnight to:

Blue Cross Animal Hospital

C/O Dr. Blau

401 N. Miller Ave.

Burley, ID 83318

Don't forget to include this paper with your shipment!