



Owner's Name:

Email Address:

This form **MUST** be submitted with samples to confirm an ACM.
ACM is not met if samples collected by owner.

Have you created an online account? ☐ Yes ☐ No

Please Note: You will need to register, pay for and activate your samples online.
Use this form and the information on it to allocate barcodes to animals in your account.

Collector's Details

Collected by (Please Tick): ☒ **Veterinarian** ☐ **Owner** ☐ **Collection Agent**
Visit www.orivet.com for a list of agents

Date of Collection: / / Agent ID:

Collector Name:

Name of Clinic:

Tamper Evident Bag Unique Barcode:

1 Microchip Number:

Pet 1 Name: Sex:

Pet 1 Breed: DOB: / /

Test Requested (Please Tick): ☐ DNAP (DNA Profile Identifier for Parentage) ☐ FBP (Full Breed Disease & Trait Profile) ☐ Single Test (Single Disease/Trait) Please Specify Single Test:

Sample (Swab Packet) Barcode Sticker

Please ensure this animal has been added and test/s paid for in your Orivet online account

2 Microchip Number:

Pet 2 Name: Sex:

Pet 2 Breed: DOB: / /

Test Requested (Please Tick): ☐ DNAP (DNA Profile Identifier for Parentage) ☐ FBP (Full Breed Disease & Trait Profile) ☐ Single Test (Single Disease/Trait) Please Specify Single Test:

Sample (Swab Packet) Barcode Sticker

Please ensure this animal has been added and test/s paid for in your Orivet online account

3 Microchip Number:

Pet 3 Name: Sex:

Pet 3 Breed: DOB: / /

Test Requested (Please Tick): ☐ DNAP (DNA Profile Identifier for Parentage) ☐ FBP (Full Breed Disease & Trait Profile) ☐ Single Test (Single Disease/Trait) Please Specify Single Test:

Sample (Swab Packet) Barcode Sticker

Please ensure this animal has been added and test/s paid for in your Orivet online account

I hereby acknowledge that the sample/s collected has/have been identified via the microchip number (microchip scanned and verified).

Collector's Signature:

Please Note: No Collection Agents receive results

If you have not pre-paid via your Orivet account for your test/s, please list your credit card details below for us to charge payment on receipt of sample/s.
Samples submitted without payment/payment details will not be processed.

Please Note: these methods do not qualify for the online price and loyalty points will not be earned.
Admin fees apply.



Make cheques payable to:
"Orivet Genetic Pet Care"



Cardholders Name:

Credit Card No:

\$

CCV No:

Last 3 digits located on the back of your card

Expiry Date:

Signature