



Owner's Name:

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

Email Address:

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