

## 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:** \_\_\_\_\_

(\$10.50 for the first ferret, \$9 each additional ferret.)

Include a check payable to: United Vaccine Inc.

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

United Vaccines, Inc

ATTN: Customer Service

2826 Latham Drive

Madison, WI 53713

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