TESTING OR CONSULTATION REQUEST SUBMISSION FORM

PRICES EFFECTIVE January 1, 2007

HEMOPET / HEMOLIFE – W. JEAN DODDS, DVM
11330 MARKON DRIVE, GARDEN GROVE, CA 92841

Phone: (714) 891-2022 Fax: (714) 891-2123 BILLING: (714)891-2022

VETERINARIAN:		**DATE:**
CLINIC NAME:		
Address:		
City:	**Prov:**	**Postal Code:**
(Important ! Include Phone #) **Phone:**	**(Important ! Include Fax #)** **Fax:**	

CLIENT:		
Address:		
City:	**Prov:**	**Postal Code:**
Phone:	**Fax:**	**Email:**

THE FOLLOWING INFORMATION IS CRITICAL FOR DR. DODDS' INTERPRETATION ! **Species (circle): Canine Feline Equine Other**		
Pet Name:	**Breed:**	
Age:	**Sex (circle):** F FS M MN	**Weight:**
REASON FOR TESTING & BRIEF HISTORY:		
ON MEDICATION (circle): **YES NO If Yes, brief list:**		
HOW MUCH?	HOW OFTEN?	BLOOD DRAWN____ HRS POST PILL

Check tests desired and enclose appropriate fees (Prices in US dollars)	**COST**
____ Thyroid antibody Profile (D8T) (If on thyroid therapy, state dose and # hours post-pill)	**$65.00**
____ Thyroid antibody Profile + Thyroglobulin Autoantibody (D8T + TgAA) (85022)	**$85.00**
____ Thyroid OFA Registry Panel (86135) Include completed & signed OFA form & separate check for $15 made out to the OFA)	**$85.00** **$15.00**
____Profile 7200 CBC, Differential, Chemistries & Thyroid Ab Profile (minus CBC, deduct $6)	**$87.00**
____ Add-On TgAA (thyroglobulin autoantibody) to 7200	**$27.00**
____ T4 and Free T4 only (44)	**$51.00**
____ CBC, Differential, Chemistries (D2) (without CBC, deduct $6)	**$52.00**
____ Distemper & Parvo Vaccine titers	**$35.00**
____ Rabies Titer	**$75.00**
____ von Willebrand Test (vWB)	**$55.00**
____ Heartworm Antigen If added on to any of the above tests	**$9.50**
____ Other Tests*	**$_____**
____ Consultation Request Only (Attach all lab or medical information)	**$25.00**
Additional amount as a Donation to HEMOPET	**$_____**
TOTAL:	

Credit Card Number (all but Discover): _____ Type_____
Expiration Date: (month/yr): _____ Authorized Signature:_____
PRINT NAME as it appears on card: _____