



**TEST REQUEST FORM**

PRICES EFFECTIVE Feb. 1, 2011

**HEMOPET W. JEAN DODDS, DVM**

11561 SALINAZ AVENUE, GARDEN GROVE, CA 92843  
Phone: (714) 891-2022 Fax: (714) 891-2123 BILLING: (714) 891-2022

Web Site: www.hemopet.org  
Email: hemopet@hotmail.com

<b>VETERINARIAN:</b>		<b>Date:</b>
<b>Clinic:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>FAX:</b>	<b>Email:</b>

<b>CLIENT:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>FAX:</b>	<b>Email:</b>

THE INFORMATION BELOW IS *CRITICAL* FOR DR. DODDS' INTERPRETATION — Species: Canine

<b>Pet's Name:</b>		<b>Breed:</b> Irish Water Spa
<b>Age:</b>	<b>Sex (circle):</b> F FS M MN	<b>Weight:</b>
<b>REASON FOR TESTING &amp; BRIEF HISTORY:</b>		
<b>ON MEDICATION (circle):</b> YES NO If Yes, briefly list:		
<b>HOW MUCH?</b>	<b>HOW OFTEN?</b>	<b>BLOOD DRAWN</b> _____ <b>HRS POST PILL</b>

Check tests desired & enclose appropriate fees	PRICES IN US DOLLARS	Cost
_____ <b>Thyroid Profile 5 + DNA – no additional charge for DNA</b> <b>Include Completed &amp; Signed IWS QUESTIONNAIRE/D &amp; DNA INFORMED CONSENT FORM/F w/BOTH options.</b> [this form reflects IWS Thyroid Study subsidized prices]		\$75.00/US <b>\$49.00/US</b> <b>to Hemopet</b> – or –
_____ <b>Expanded OFA Thyroid Profile + DNA – no add'l DNA charge</b> <b>Also include Completed &amp; Signed OFA APPLICATION FOR THYROID DATABASE/G &amp; \$15/US check to OFA if you want these results submitted to OFA's IWS database.</b> <b>You must check the box &amp; decide BEFORE results are returned.</b> <b>OFA Thyroid is required for IWS CHIC certification.</b>		\$126.00/US <b>\$106.00/US</b> <b>to Hemopet</b> <b>+ \$15.00/US</b> <b>to OFA</b>
Additional Donation to HEMOPET or Rabies Challenge Fund Please <i>circle</i> preference		\$ _____
<b>Total:</b>		\$ _____

All Payment in US dollars or via credit card

Credit Card # (Mastercard/Visa/AmEx): \_\_\_\_\_ Type \_\_\_\_\_  
 Expiration Date: (Month & Year): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_  
 PRINT NAME as it appears on your card: \_\_\_\_\_