

CEP Test for ADV

Ferret/Business _____
Contact Person: _____
Address: _____
City, State Zip: _____
Phone Number: _____
E-Mail Address _____

ID Number	Ferret's Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Note: Please send individual results for each ID Number.

Cost is \$10.00 per sample

Enclose Payment:

Check

Credit Card

Card Type (ie. VISA, MC): _____

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Send the samples via **NEXT DAY** service to:

Blue Cross Animal Hospital
ATTENTION: Dr. Blau – CEP TESTS
401 North Miller Avenue
Burley, Idaho 83318
Phone: (208) 678-5553
Fax: (208) 677-8957

Note: Call at least a day in advance to let them know samples will be coming.