



GENERAL ORDER FORM **(Please print clearly)**
Basset Hound Club of America Health Clinic

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Please mail me hard copies of my results

Owner's name: _____
First Last

Owner's email address: _____

Owner's phone number: _____

Owner's billing address: _____

City: _____ State: _____ Zip Code: _____

DOG 1:

Call name: _____ Sex (circle one): Female Male

Birth date: _____ Breed: _____
Month Year

Registered name: _____

Registration number: _____ Microchip number: _____

Tests ordered (Check or circle the tests ordered for this dog):

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POAG

☐

Thrombopathia

☐

CDDY w/IVDD Risk

SPECIAL EVENT DISCOUNTS:

50% off one or more tests in a dog and ONLY \$20 for the CDDY w/ IVDD test

Pricing Breakdown: 1 test per dog = \$40 reg. \$80

****\$20 for CDDY w/ IVDD (\$40 with additional \$20 off with BHCA Foundation discount)****

2 tests per dog = \$75 (or \$55 if one of those tests is CDDY w/IVDD)

3 tests per dog = \$105 (or \$85 if 3rd test is CDDY w/IVDD)

If ordering testing for more than one dog; additional dogs order forms are on the reverse side

Paw Print Genetics will call customers to collect Credit Card payment

(Please be sure we can reach you at the phone number/s you provided above)

By signing this form, I represent and warrant that: (a) all information provided about each dog is truthful and accurate; (b) the sample submitted with this form corresponds to the dog to be tested as indicated by the information provided and found on this form, (c) additional samples may be required to complete the testing, and (d) I will cooperate to resolve any disputed results.

Owner's signature: _____



ADDITIONAL DOGS GENERAL ORDER FORM

DOG #: (2)

Call name: _____ Sex (circle one): Female Male

Birth date: _____ Breed: _____
Month Year

Registered name: _____

Registration number: _____ Microchip number: _____

Tests ordered (Check or circle the tests ordered for this dog):

☐ POAG ☐ Thrombopathia ☐ CDDY w/IVDD Risk

DOG #: (3)

Call name: _____ Sex (circle one): Female Male

Birth date: _____ Breed: _____
Month Year

Registered name: _____

Registration number: _____ Microchip number: _____

Tests ordered (Check or circle the tests ordered for this dog):

☐ POAG ☐ Thrombopathia ☐ CDDY w/IVDD Risk

DOG #: (4)

Call name: _____ Sex (circle one): Female Male

Birth date: _____ Breed: _____
Month Year

Registered name: _____

Registration number: _____ Microchip number: _____

Tests ordered (Check or circle the tests ordered for this dog):

☐ POAG ☐ Thrombopathia ☐ CDDY w/IVDD Risk