

ANIMAL HAIR ANALYSIS INFORMATION FORM

Client Account #88403 Date _____ Lab # _____

Name of Animal _____

Type of Animal _____

Age _____ Weight _____ Sex _____ Pregnant? Y__ N__

Date of Hair Sampling _____ Color of Hair _____

Sample Taken from what Location on Body? _____

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____

Practice Name: Animal Healing Arts/ Lisa Marinho, DVM

Address: PO Box 7227

City: Cotati State: CA Zip: 94931

Telephone: 707-584-7387

MAIL SAMPLE AND FORM TO:

ARL

2225 WEST ALICE AVENUE

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