



Oregon
Department
of Agriculture

635 Capitol Street NE
Salem, OR 97301
Phone: 503-986-4686
Fax: 844-986-4688

Animal Health Laboratory
Individual T. Foetus continuation form

Must be submitted with individual submission form

Page: _____ of: _____

Veterinarian:	Owner:
----------------------	---------------

Animal/Specimen information						
#	OR Trich Tag Number	Official ID	Breed	Virgin	Age	<i>Lab use only</i>
__1						
__2						
__3						
__4						
__5						
__6						
__7						
__8						
__9						
__0						
__1						
__2						
__3						
__4						
__5						
__6						
__7						
__8						
__9						
__0						