



Oregon
Department
of Agriculture

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Animal Health Laboratory
Individual T. Foetus continuation form

Must be submitted with individual submission form

Page: _____ of: _____

Veterinarian:	Owner:
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Animal/Specimen information						
#	OR Trich Tag #	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						