



Progesterone Request Form

South Mesa Veterinary Hospital
 Reproduction Department
 3801 S. Mason Street
 Fort Collins, CO 80525
 Phone: 970-226-6526
 Fax: 970-226-6526
 www.southmesa.com
 repro@southmesa.com

Veterinarian:	Owner:
Clinic:	Address:
Address:	City: State: Zip:
City: State: Zip:	Phone:
Phone: Fax:	Email:

Person to be Billed: Veterinarian Owner
 Report Results To: Veterinarian Owner
 Send Results By: Fax Email Phone:
 Recommendations Needed: (No Charge) Yes No

Patient Name	Breed	Age	Collection Date	Reason For Testing

Addl. Info: (ie... day of estrus, type of insemination planned, date of gestation, etc...)

Payment:

How will you be paying?

___ Bill my Practice (Clinic Use Only)

___ Visa ___ MasterCard ___ Discover ___ American Express ___

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

****Please send at least 1 ml serum (RTT only, no SST). Please send on ice, overnight, to the address listed above. ****