

Exams Form



Customer Information.

Customer Name:	Country:
Last Name:	E-Mail:
Address:	Telephone:

Bird Data

n°	Specie Name	Identification/Ring	Sexing	Psitacosis	PBFD	Polyoma Virus	Pacheco	Aspergillus	Trichomonas	TetraTrichomonas	Paramixovirus	Plasmodium	Influenza Aviar	Histomonas Meleagrides	Virus H5N1	Leucocytozoon	Haemaproteus	Perfil Bioquímico	Otro
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Specify your payment way

Paypal
 Afex
 Western Union
 Money Gram
 Sign _____ Date _____

