



Apogee Animal Health, Inc.
 913 Dakota St, Ste 4
 Sabetha, KS 66534
 (785) 285-8239
admin@apogeeanimalhealth.com
www.apogeeanimalhealth.com

Goat/Sheep Submission Form

CLINIC

Veterinarian:

Clinic/Company:

Address:

City:

State:

ZIP:

Phone:

Cell:

E-mail:

OWNER/PRODUCER

Owner Name:

Business/Premise:

Address:

City:

State:

ZIP:

Phone:

Cell:

E-mail:

Send Results Via: ☐ Email ☐ Mail ☐ Also Send to Owner

Date Collected: _____ Date Shipped: _____

CAE/OPP - \$6.00; CL- \$7.00; Johnes - \$5.00; Biosecurity Panel (CAE/OPP, CL, & Johnes) - \$15.00; BioPRYN - \$6.00

Tube #	Animal ID	Breed	Age	CAE/OPP	CL	Johnes	Biosecurity	BioPRYN	Days Pregnant	Price
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
									Total Fee:	

*Please make checks payable to Apogee Animal Health, Inc.

**If testing more than 20 animals, please use our excel template to increase efficiency and eliminate transcription errors. The excel file should be emailed to admin@apogeeanimalhealth.com and a printed copy should be enclosed with your samples.