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| **USE THIS SHEET FOR ADDITIONAL ANIMALS. PLEASE COMPLETE THE PAGE NUMBERS\*** | | | | | | | | | | | | | | | | | | |
| CPHH: | | | Click or tap here to enter CPHH. | | | | | | | | | | |  |  | | | |

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| Group Name: | Group name, if different. |

|  | ANIMAL ID: | TUBE REFERENCE NUMBER:  (or Blood Tube Barcode Sticker) | Please tick required BVD TEST (🗸) | | OFFICE USE: |
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