

**CLIFTWOOD ANIMAL HOSPITAL  
175 CLIFTWOOD DRIVE NE  
ATLANTA, GA 30328  
404-252-9200 phone 404-252-0490 fax  
cliftwoodah@gmail.com**

**PROGESTERONE LEVEL REQUEST**

- **Begin testing 5-7 days from the first day of estrus.**
- **Draw 3cc of blood into a red top tube. Allow blood to clot for no more than 15 minutes; centrifuge.**
- **Place serum only in a sterile red top tube.**
- **Ship overnight on ice.**

**Please fill out form completely. Incomplete information may delay your results.**

**Clinic** \_\_\_\_\_ **Dr.** \_\_\_\_\_

**Client Name** \_\_\_\_\_ **Bitch Call Name** \_\_\_\_\_

**Whom do we call with results?** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**PROGESTERONE TEST FEE IS \$75.00**

**PAYMENT SHOULD ACCOMPANY THIS FORM UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE  
(PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE)**

Credit Card: Visa~MC~AMEX

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address including zip code \_\_\_\_\_

Check Enclosed \_\_\_ Check# \_\_\_\_\_ Amount \_\_\_\_\_

**Results will be reported to you as requested above. If an interpretation of results is required, a one-time consultation fee of \$75.00 for each bitch will be required.**