

Veterinary Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Country of Destination: UNITED STATES

**Proforma Invoice:**

**Shipper:**      **Name:** \_\_\_\_\_

**(Owner)**      **Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone, Fax:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Recipient:**      **Dr. Margret Casal**  
School of Veterinary Medicine at the University of Pennsylvania  
3900 Delancey Street, Philadelphia, PA 19104-6010  
Phone: 215 898 8830; fax: 215 573 2162  
casalml@vet.upenn.edu

**Contents:** \_\_\_\_\_  
They are non-infectious. The samples are from fully vaccinated animals and none have any signs of rabies or other infectious diseases. After genetic testing for hereditary diseases the samples will be appropriately disposed.

**Value:**      \$ 0.00

*Signature:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Please fill out form and print in duplicate. One copy goes with the package and the other copy is given to the shipping company.*