



ABN 34 984 554 357

“COLEYHELLE FARM”
347 COLEYVILLE ROAD
MUTDAPILLY QLD 4307

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WEBSITE: www.hairtestlab.com.au

FOR CANINE

This is to signify that I, the undersigned, have the authority to provide the saliva of the canine detailed below.

I understand that there is a \$22.00 administration fee to accompany this form.
I further agree for the Hair Test Lab to contact an operator experienced in radionics (a non-scientific procedure) to suggest an applicable dietary supplementation for the dog.

The sample provided is the saliva of the following dog:

Name: _____
Breed: **Greyhound** Other (please specify) _____
Age: _____ Gender _____
Is this dog in work? Yes/No (if yes, for how long) _____
Fitness level _____
Dog’s diet, conditions/illnesses (please provide as much detail as possible, provide extra pages if required) _____

CLIENT DETAILS

Your name: _____
Address: _____
Postcode: _____
Phone no: _____ Fax no: _____ Mobile no: _____
Email: _____ Other: _____

Your opinion of the dog’s condition: _____

I declare that the above details are true and correct:

Name: _____ Date: _____
Signature: _____

**THE RADIONICS PROCEDURE WILL NOT BE UNDERTAKEN UNLESS THE ABOVE IS COMPLETED AND RETURNED WITH PAYMENT AND DOG’S SALIVA SAMPLE.
PAYMENT OPTIONS: CHEQUE/MONEY ORDER (payable to Hair Testing Lab) CREDIT CARD**

CREDIT CARD DETAILS: CARDHOLDER’S NAME _____
CARD NO: _____ CARD TYPE: VISA MASTERCARD
CARD EXPIRY: _ / _ / _

Direct deposit:
Kennallywood Pty Ltd
Commonwealth Bank Aust
BSB: 064776 A/c: 1003 1558
Reference: your “surname” Hair Test

POST SAMPLE TO: HAIR TESTING LAB
347 COLEYVILLE ROAD
MUTDAPILLY Q 4307
Email: info@hairtestlab.com.au