



“COLEYCHELLE FARM”
347 COLEYVILLE ROAD
MUTDAPILLY QLD 4307

ABN 34 984 554
TELEPHONE 0754 67 1800
FAX 0754 67 1811
E-MAIL info@hairtestlab.com.au
WEBSITE: www.hairtestlab.com.au

FOR CANINE

Office Use
Reference No:

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 Testing Lab to contact an operator experienced in radionics (a non-scientific procedure) to suggest an applicable dietary supplementation for the canine.

The sample provided is the hair of the following dog:

Name: _____

Breed: Greyhound Other (please specify) _____

Age: _____ Gender _____

Is this dog in work? Yes/No (if yes, for how long) _____

Dog’s diet, conditions/illnesses (please provide as much detail as possible, provide extra pages if required) _____

Your opinion of the dog’s condition: _____

CLIENT DETAILS

Your name: _____

Address: _____

Postcode: _____

Phone no: _____ Fax no: _____ Mobile no: _____

Email: _____ Other: _____

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 HAIR SAMPLE.

PAYMENT OPTIONS: CHEQUE CREDIT CARD MONEY ORDER

CREDIT CARD DETAILS: CARDHOLDER’S NAME _____

CARD NO: _____ CARD TYPE: VISA * MASTERCARD*

CARD EXPIRY: _/ _/ _

*A 2% fee is payable on credit card transactions

Direct deposit: National Australia Bank
BSB: 084 911 A/c: 793 739 138
Reference: your surname Hair Test
Email: info@hairtestlab.com.au

POST SAMPLE TO: HAIR TESTING LAB
“COLEYCHELLE FARM”
347 COLEYVILLE ROAD
MUTDAPILLY Q 4307