



Kansas State Veterinary
DIAGNOSTIC LABORATORY

Credit Card Authorization Form

The Rabies Laboratory
Kansas State University
2005 Research Park Circle
Manhattan, KS 66502

Phone: 785-532-4483
Fax : 785-532-4474
Email: rabies@vet.k-state.edu
<http://www.ksvdl.org/rabies-laboratory/>

Please include this form with your sample submission or fax/email to the Rabies Lab if sample already has been shipped. Pay Now Online at: <http://www.ksvdl.org/accounting-billing/index.html>

Clinic Name: _____ Date: ____/____/____
(mm/dd/yyyy)

Animal ID/Microchip Number(s): *Please enter all the ids or microchip numbers that apply:*

Description of Service: Prices effective 07/01/2021* Please add \$7 accession fee to the total.

- | | |
|--|---|
| <input type="checkbox"/> FAVN (Animal for Export) \$84 | \$84.00 x ____ (number of animals) = \$ _____ |
| <input type="checkbox"/> RFFIT endpoint \$73 | \$73.00 x ____ (number of animals) = \$ _____ |
| <input type="checkbox"/> RFFIT screen \$47 | \$47.00 x ____ (number of animals) = \$ _____ |

Optional Services: Prices effective 07/01/2021*

- | | |
|---|--|
| <input type="checkbox"/> International Shipping or Saturday Delivery within US \$55 | <input type="checkbox"/> Shipping within the US \$25 |
| <input type="checkbox"/> Charge my Shipping Account | <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> DHL Account # _____ |

Only one courier fee per samples submitted together (must arrive at the same time, samples received on different dates require separate couriers). If destination is Hawaii, Guam, or a Caribbean Island (excluding Trinidad), no courier option, official results will be sent directly to the Quarantine Authority. Submitting clinic will receive an email or fax copy of the results only.

Cardholder's Name (as on card): _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Home Telephone: _____ Fax: _____

Work Telephone: _____ Email: _____

Card Number: _____

Expiration Date: ____/____/____ (mm/yyyy) **Total Amount:** _____

Type of card: MasterCard Visa Discover American Express

Cardholder's Authorized Signature: _____ Date: ____/____/____

Note: If this is an international charge, please contact your credit card company to preauthorize this charge.

Optional: Clinic Account # _____ Accession # _____

Test results are sent to the submitting clinic regardless of who pays for the test and shipping. However, the FAVN report can be sent to an alternate location if written and signed permission from the submitting clinic is provided. Payments can be made online at <http://www.ksvdl.org/accounting-billing/index.html> (click "PAY NOW"). For payment questions please contact the business office at 785-532-3294 or via email at vdbusiness@vet.k-state.edu. All prices are subject to change. *See website for current prices.