

Fax to: 1 (902) 620-5053



AVC - UPEI
550 University Avenue
Charlottetown, Prince Edward Island
C1A 4P3

Mastitis Treatment Decision Kit

Order Form

Order Date: _____ Contact Name: _____

Purchaser: _____

Bill Address: _____ Shipping Address: _____

Telephone Number: _____

If PEI, PST or farm tax number: _____

GST number: _____

Order Details:

_____ kits @ \$79.00 each = \$ _____ + G(H)ST _____ = \$ _____

To be filled in by MQM:

Date Received: _____

Date Shipped: _____

Processed by: _____

Invoice Number: _____