



# Plasma Sterilization Submission Form

Parks Veterinary Hospital  
3010 N North Rd Grand Island, NE 68803  
Call or text: 308-384-6272 | Email: referrals@parksveterinary.com

*Please include this submission form in the box when it is shipped to us.*

## Clinic Information

Clinic Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Preferred contact method:                      Text \_\_\_\_ Call \_\_\_\_ Email \_\_\_\_

For Parks Veterinary Use Only

Date received \_\_\_\_\_

Received by \_\_\_\_\_

Verify equipment received \_\_\_\_\_

Verify condition \_\_\_\_\_

Sterilized by \_\_\_\_\_

Shipped by \_\_\_\_\_

## Equipment Submission

Equipment to be sterilized

\_\_\_\_\_

\_\_\_\_\_

Total value of equipment shipped\* \_\_\_\_\_ Can this equipment be sterilized in the same package?

Yes \_\_\_\_\_ No \_\_\_\_\_

List any additional details regarding handling, sterilization requirements, or other information you'd like us to know **on the back of this form.**

## Additional Information

Please ensure that all equipment is clean and dry prior to shipping to us. We recommend using priority mail boxes to ship your equipment. \*All shipments are insured up to \$100; if your equipment is valued higher, contact us for additional insurance options. **Please include this submission form in the box when it is shipped to us.** You will receive updates when your equipment is received, when sterilization is complete, and when your equipment is being sent back to you. If you have any questions, feel free to call, text, or email us.

## **Additional Details**

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*Thank you for choosing Parks Veterinary for your sterilization needs!*