

# RABIES SEROLOGY CERTIFICATE



<b>SAMPLING INSTRUCTIONS:</b> <ul style="list-style-type: none"><li>PLEASE COMPLETE ONE SUBMISSION FORM PER ANIMAL</li><li>SEND A MINIMUM OF 1ML SERUM (PREFERABLE) OR 2ML CLOTTED BLOOD</li><li>CLEARLY LABEL SAMPLE WITH THE ANIMAL'S NAME AND MICROCHIP NUMBER</li><li>SAMPLES WILL BE TESTED BY BIOBEST LABORATORIES LTD</li></ul> <b>E-MAIL RESULTS TO:</b>	<b>REPORTING INFORMATION:</b> <ul style="list-style-type: none"><li>YOUR COMPLETED RABIES CERTIFICATE WILL BE POSTED. AN E-MAIL COPY IS AVAILABLE ON REQUEST</li><li>FOR THE PURPOSES OF THE UK PET TRAVEL SCHEME A TEST TITRE OF 0.5IU/ML OR ABOVE INDICATES THAT THE DOG OR CAR HAS N ACCEPTABLE RABIES ANTIBODY LEVEL</li></ul> <b>LAB REF:</b>
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<b>OWNER'S DETAILS:</b> Name:  E-Mail:	Address And Postcode (OPTIONAL):
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<b>SUBMITTING VETERINARY SURGEON'S DETAILS</b> Address And Postcode:   Telephone:	Signature of submitting veterinary surgeon*: <input type="text"/> Name in BLOCK CAPITALS:  Date:  E-Mail:
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<b>ANIMAL'S DETAILS</b> Date of Birth:  Microchip Number:  AVID Microchip Number (if applicable):  Date of Blood Sampling & Microchip Reading:  Cat:                      Dog:	Animal Name:  <b>RABIES VACCINATION DETAILS:</b> <table border="1"><thead><tr><th>Date: (DDMMYY)</th><th>Vaccine:</th><th>Batch No:</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Date: (DDMMYY)	Vaccine:	Batch No:									
Date: (DDMMYY)	Vaccine:	Batch No:											

\*By signing this form you are confirming that the animal being sampled is not known to be (or suspected to be) infected with a pathogen which causes a notifiable disease according to European regulations or the animal health regulations of the country where the animal is based. You are also confirming that the animal is not from a region or zone of a country that is subject to official restrictions due to a notifiable disease to which the animal is susceptible according to European or other national animal health regulations.

<b>BIOBEST USE ONLY:</b>	<input type="text"/>		
QC:		RC:	I:
Date of Receipt:			
Biobest No:			