

RABIES SEROLOGY CERTIFICATE



SAMPLING INSTRUCTIONS: <ul style="list-style-type: none">PLEASE COMPLETE ONE SUBMISSION FORM PER ANIMALSEND A MINIMUM OF 1ML SERUM (PREFERABLE) OR 2ML CLOTTED BLOODCLEARLY LABEL SAMPLE WITH THE ANIMAL'S NAME AND MICROCHIP NUMBERSAMPLES WILL BE TESTED BY BIOBEST LABORATORIES LTD	RETURN CERTIFICATES TO: LAB REF:
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OWNER'S DETAILS: Name:	Address And Postcode (OPTIONAL):
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SUBMITTING VETERINARY SURGEON'S DETAILS Address And Postcode:	Signature of submitting veterinary surgeon*: <input type="text"/>
Telephone:	Name in BLOCK CAPITALS: Date: (DD-MMM-YYYY e.g. 08-Jun-2022)

ANIMAL'S DETAILS Date of Birth: (DD-MMM-YYYY e.g. 08-Jun-2022)	Animal Name:												
Microchip Number:	RABIES VACCINATION DETAILS:												
AVID Microchip Number (if applicable):	<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:											
Date of Blood Sampling & Microchip Reading: (DD-MMM-YYYY e.g. 08-Jun-2022)													
Cat:	Dog:												

*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.

BIOBEST USE ONLY:

QC:	RC:	I:
Date of Report:		
Biobest No:		

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