

RABIES SEROLOGY CERTIFICATE

**SAMPLING INSTRUCTIONS:**

- PLEASE COMPLETE ONE SUBMISSION FORM PER ANIMAL
- SEND A MINIMUM OF 1ML SERUM (PREFERABLE) OR 2ML CLOTTED BLOOD
- CLEARLY LABEL SAMPLE WITH THE ANIMAL'S NAME AND MICROCHIP NUMBER
- SAMPLES WILL BE TESTED BY BIOBEST LABORATORIES LTD

RETURN CERTIFICATES TO:**LAB REF:****OWNER'S DETAILS:**

Name:

Address And Postcode (OPTIONAL):

SUBMITTING VETERINARY SURGEON'S DETAILS

Address And Postcode:

Signature of submitting veterinary surgeon*:

Name in BLOCK CAPITALS:

Date: (DD-MMM-YYYY e.g. 08-Jun-2022)

Telephone:

ANIMAL'S DETAILS

Date of Birth: (DD-MMM-YYYY e.g. 08-Jun-2022)

Animal Name:

Microchip Number:

AVID Microchip Number (if applicable):

Date of Blood Sampling & Microchip Reading: (DD-MMM-YYYY e.g. 08-Jun-2022)

Cat:

Dog:

RABIES VACCINATION DETAILS:

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.

BIOBEST USE ONLY:

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