

RABIES SEROLOGY CERTIFICATE

**SAMPLING INSTRUCTIONS:**

- Please ensure that all fields are completed fully and accurately
- Complete one rabies serology certificate per animal
- Send a minimum of 1ml serum (preferable) or 2ml clotted blood
- Clearly label sample with animal's name and microchip number

SEND SAMPLE TO:

Biobest Laboratories Ltd
6 Charles Darwin House
The Edinburgh Technopole
Milton Bridge, Nr Penicuik
EH26 0PY
enquiry@biobest.co.uk

Your completed rabies certificate will be posted. An email copy is available on request.

OWNER'S DETAILS:

Name:

Address And Postcode (OPTIONAL):

SUBMITTING VETERINARY SURGEON'S DETAILS

Veterinary Practice Name, Address And Postcode:

Signature of submitting veterinary surgeon*: (blue ink preferred)

Name in BLOCK CAPITALS:

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

Telephone:

E-Mail:

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 all information on this form is true and correct. You confirm 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:	I:
Biobest No:	
Date of Receipt:	

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