

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 E-MAIL RESULTS TO:	REPORTING INFORMATION: <ul style="list-style-type: none">YOUR COMPLETED RABIES CERTIFICATE WILL BE POSTED. AN E-MAIL COPY IS AVAILABLE ON REQUESTFOR 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
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OWNER'S DETAILS: Name: E-Mail:	Address And Postcode (OPTIONAL):
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SUBMITTING VETERINARY SURGEON'S DETAILS Address And Postcode: Telephone:	Signature of submitting veterinary surgeon*: <input type="text"/> Name in BLOCK CAPITALS: Date: E-Mail:
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ANIMAL'S DETAILS Date of Birth: Microchip Number: AVID Microchip Number (if applicable): Date of Blood Sampling & Microchip Reading: Cat: Dog:	Animal Name: RABIES VACCINATION DETAILS: <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.

BIOBEST USE ONLY:
QC: RC: I:
Date of Report:
Biobest No:

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