

AXIOM

Axiom Veterinary Laboratories Ltd., The Manor House, Brunel Road, Newton Abbot, Devon TQ12 4PB.

+44 (0)1626 355655 (t) +44 (0)1626 357750/1 (f) email:admin@axiomvetlab.co.uk

"The Quality Clinical Pathology Service"

LABORATORY REF. ONLY

Date Received: _____
Post Mark: _____
Lab. Tech. Initials: _____

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Request for determination of anti-bodies against **RABIES** virus.

- Use one submission form per animal.
- Send a minimum of 1ml serum (*preferably*) or 2ml clotted blood.
- Clearly label sample with owner's name, animal's name and microchip number.

- URGENT PRIORITY SERVICE** £2.00 EXTRA
- RESULTS BY FACSIMILE
- RESULTS BY TELEPHONE
- RESULTS BY E-MAIL
- RESULTS BY POST

SUBMITTING VETERINARY SURGEON'S DETAILS

Veterinary Practice: _____
Address: _____
Post code: _____
Telephone: _____ Fax: _____

OWNER'S DETAILS

Owners Name: Mr./Mrs. _____
Address: _____
Post code: _____

Sender's Ref. No (if any): _____

ANIMAL'S DETAILS

Animal Name: _____
Animal ID (Microchip No.): _____
Species: _____
Breed: _____ Age: _____ Sex: M F N
Date of sampling and microchip reading: _____
Date of last rabies vaccination: _____
Vaccine make: _____ Batch No.: _____
Is this animal a Guide/Hearing dog? YES NO

Signature of submitting veterinary surgeon: _____

Name in BLOCK LETTERS: _____

Date: _____

