AXIOM
Veterinary Laboratories Ltd
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"The Quality Clinical Pathology Service"

ECVCP APPROVED TRAINING FACILITY

Rabies Serology Certificate

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.

Please ensure all details on form are completed.

For the purpose of the UK Pet Travel Scheme a test titre result of 0.5 IU/ml or above indicates that the Dog or Cat has an acceptable rabies antibody level.

Samples will be tested by Biobest (approved Rabies testing lab).

LABORATORY REF. ONLY

Submitting Veterinary Surgeon's Details:

Date Received:

Post Mark:

Lab. Tech. Initials

OWNER'S DETAILS

Owners Name: Mr / Mrs _____

Address: _____

_____

_____ Post code: _____

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.:_____

Signature of submitting veterinary surgeon:

Name in BLOCK LETTERS: _____

Date: _____

For Biobest Use Only

Date Received		QC		F		I		Biobest Ref:	