

1st Floor, Unit 1,
Brushville house,
Dosco Business Park,
South Douglas Road
Cork T12 XR6V

Ph (021) 4367992

RABIES CERTIFICATE

VLSI USE ONLY

Date received

Lab barcode

Name on specimen?

Yes

No

- ◆ PLEASE WRITE IN BLOCK CAPITALS AND FULLY COMPLETE THE SUBMISSION FORM.
- ◆ USE ONE SUBMISSION FOR PER ANIMAL
- ◆ CLEARLY LABEL SAMPLE WITH THE ANIMAL'S MICROCHIP NUMBER
- ◆ SAMPLES WILL BE TESTED BY BIOBEST LABORATORIES LTD

RABIES VACCINATION HISTORY

DATE	VACCINE	BATCH NO.

PLEASE ALLOW 10-14 DAYS FOR CERTIFICATION

PRACTICE DETAILS

VET

PRACTICE

TEL

FAX

EMAIL

PATIENT DETAILS

PLEASE PUT NAME ON SPECIMEN BOTTLE

ANIMAL:

OWNER SURNAME:

MICROCHIP NO:

SPECIES:

Canine
Feline
Other

SEX:

Male
Female
Neutered

BREED:

AGE:

SAMPLING DATE:

SUBMITTING VETERINARY SURGEON

SIGNATURE OF SUBMITTING VETERINARY SURGEON

NAME IN BLOCK LETTERS

DATE

FOR BIOBEST USE ONLY

Date of Receipt:

Invoice:

QC:

Fax:

Biobest Ref:

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