Evira

SUBMISSION FORM
Rabies Antibody Test

Received Time DNo

Please use block letters.

Name of veterinary surgeon/Requested by		Telephone
Address	Postcode	Town/City
☐ Reply/Invoice	☐ Copy	

Name of owner	Telephone/email	
Address	Postcode	Town/City
☐ Reply/Invoice	☐ Copy	

Other receiver of result/invoice		Telephone
Address	Postcode	Town/City

Type of sample ☐ serum May not contain anticoagulants	
Species/breed	Name
Microchip no./Tattoo no.	Date of birth
Rabies vaccinations	
Additional information	

Date	Signature of veterinary surgeon
Telephone/fax/email	

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