

Received

Time

DNo

Please use block letters

<b>Name of veterinary surgeon/Requested by</b>	
Address	
Postcode	Town/City
<input type="checkbox"/> Reply/invoice <input type="checkbox"/> Copy	

<b>Name of owner</b>	
Address	
Postcode	Town/City
Telephone/email	
<input type="checkbox"/> Reply/invoice <input type="checkbox"/> Copy	

Type of sample	<input type="checkbox"/> serum	<input type="checkbox"/> blood	<input type="checkbox"/> semen
Date of sampling	Species/breed	Date of birth	
Microchip/Tattoo/Identification number		sex	
Name of the animal			
Requested tests	<input type="checkbox"/> infectious anemia	<input type="checkbox"/> malleus	<input type="checkbox"/> dourine
	<input type="checkbox"/> viral arteritis	<input type="checkbox"/> neutralization test (serum)	<input type="checkbox"/> virus isolation (semen)
Test price has been paid	<input type="checkbox"/> Attach copy of proof of payment		

Date	Signature of veterinary surgeon
Telephone/fax/email	