



Rabies antibody test

<p>Sender</p> <p>LABOKLIN <small>Vain testaamalla tiedät</small></p> <p>Labor für Klinische Diagnostik GmbH Steubenstrasse 4 Postfach 1810 97688 Bad Kissingen Kd-Nr: 654</p>	<p>Clinic or Veterinary Surgeon (Stamp or Block letters only)</p> <p>Email address </p> <p>VAT number </p> <p>LABOKLIN customer number (if known) </p>
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Owner

Name:

Street address:

Postal code: **Town:**

Country: ***Telephone:**

***Email:**

Animal

Dog **Name:**

Cat **Date of birth:**

Chip- or Tattoo-No.:

(Mandatory!)

The identity of the animal (Microchip or Tattoo) is Mandatory! Sample material: Serum 1ml.

Results

Test result to clinic also by fax

Please note that the results and invoice will only be sent to the veterinarian or clinic.

<p>History of rabies vaccination <i>Vaccine / Batch number / Date of administration</i></p>	<p>Date of blood sampling</p>
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Additional information

I hereby confirm that the above information is correct.

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Date, stamp and signature of veterinary surgeon

Please label sample tubes uniquely.

* Optional info