



CVC Office Use:

Complete Veterinary Care

Po Box 395
Watford
WD24 7UY

Tel: 01923 470 013
Email: info@cvcgroup.co.uk
www.cvcgroup.co.uk

VacciCheck Submission Form

Date:	Vet Name:
Date Sample Taken:	Practice Name:
	Practice Address:
	Postcode:

Practice Phone Number:
Practice Email Address:

Species:

Animal's Age:	yrs	months
Please note that the animal MUST be a minimum of 20 weeks old to be tested.		

Animal's Name & Owner Surname:
Animal's Practice Reference: (For practice ID)

Date of last vaccination:
Please note that there MUST be at least 2 weeks between the last vaccination injection and a VacciCheck test.

Comments:

Please send a minimum of 5 microlitres serum in a clear or brown top tube, TO ARRIV E WITHIN 3 DAYS OF COLLECTION,to the PO Box address above.

You can find CVC's Privacy Policy on www.cvcgroup.co.uk/privacy.html