



RABIES SEROLOGY CERTIFICATE

<ul style="list-style-type: none"> • Use one submission form per animal • Send a minimum of 1ml serum (preferable) or 2ml clotted blood • Clearly label sample with the animal's microchip number • For the purpose of the UK Pet Travel Scheme, a test titre result of 0.5IU/ml or above indicates that the animal has an acceptable rabies antibody level • Samples will be tested by Biobest 	<p><u>SEND SAMPLE TO:</u> Complete Veterinary Care Unit 4 Mowat Industrial Estate Sandown Road Watford WD24 7UY</p> <p style="text-align: right;">CVC Ref No: <input style="width: 150px; height: 20px;" type="text"/></p>
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OWNERS DETAILS:

Name: Address:

Postcode:

SUBMITTING VETERINARY SURGEONS DETAILS:

Practice Name & Address: Postcode:	Signature of submitting veterinary surgeon: Name in BLOCK LETTERS Date:	<input style="width: 200px; height: 40px;" type="text"/> <input style="width: 200px; height: 25px;" type="text"/> <input style="width: 200px; height: 25px;" type="text"/>
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ANIMAL'S DETAILS

Microchip Number: <input style="width: 300px; height: 25px;" type="text"/>	Animal Name: <input style="width: 200px; height: 25px;" type="text"/>						
Date OF Birth: <input style="width: 80px; height: 25px;" type="text"/> Species: <input style="width: 80px; height: 25px;" type="text"/>	Rabies Vaccination Details:						
Date of sampling and microchip reading: <input style="width: 200px; height: 25px;" type="text"/>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 33%;">Date</th> <th style="width: 33%;">Vaccine</th> <th style="width: 33%;">Batch No</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Date	Vaccine	Batch No			
Date	Vaccine	Batch No					

FOR BIOBEST USE ONLY

Date Received		QC:		F:		I:		BioBest Ref:	
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