



LABORATOIRE  
VETERINAIRE  
DEPARTEMENTAL

Lab Number :

## RABIES SEROLOGICAL TESTING FORM TO FILL IN FOR ANY REQUEST

### VET OFFICE:

**National Order Number:** \_\_\_\_\_

Sur Name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Town: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Fax: \_\_\_\_\_  
*Write in capital letters*

### PET'S OWNER:

Sur Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code : \_\_\_\_\_ Town: \_\_\_\_\_ Country \_\_\_\_\_

Phone Number : \* \_\_\_\_\_ Fax \* \_\_\_\_\_  
e-mail: \_\_\_\_\_ *\* please indicate the international code*

### PET DESCRIPTION:

CAT

DOG

Sur Name\*: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tattoo Number \_\_\_\_\_ and/or Microchip Number\*: \_\_\_\_\_

Date of blood sampling\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last rabies vaccination\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

It is a :  - first -vaccination  - booster Vaccine used: \_\_\_\_\_

Country of destination: \_\_\_\_\_ date of departure: \_\_\_\_\_ urgent:

**Method used:** FAVN

**Period of time required after receipt** 15 days

**Test costs:** 77.92 € TTC  
( + 50% if urgent results need to be done on the week-end)

Signature of approval,  
date / / ,

Vet Signature