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Date received:

Accession #:

RFFIT rabies serology -vaccine titer Submission Form

Please fill out the form electronically, print it out, sign, and send together with the specimen.

Referring veterinarian

Name:

Clinic:

Address:

City:

State:

Zip:

Phone:

FAX:

Fax results: Yes No

E-mail:

E-mail results: Yes No

Owner

Name:

Address:

City:

State:

Zip:

Animal

Species:

Name:

Microchip #:

Blood collection date:

Age: Sex:

Breed:

Destination of animal being exported:

Rabies vaccination history:

Signature of Veterinarian: _____ Date (mm/dd/yyyy): _____

Results:

Reported by:

Date: