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<http://www.vetmed.uni-giessen.de/viro/de/>

Rabies antibody test

Sender

LABOKLIN

Labor für Klinische
Diagnostik GmbH
Steubenstrasse 4
Postfach 1810
97688 Bad Kissingen
Kd-Nr: 654

Veterinarian or clinic

Email address

VAT number

Customer number for Laboklin (if any)

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Owner

Name:

Street address:

Postal code: Town:

Country: *Telephone:

*Email:

Animal

Dog Name:

Cat Date of birth:

Identification:

Animals must be uniquely identified (microchip or tattoo).

Results

Test result to clinic also by fax

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

History of rabies vaccination

Vaccine / Batch number / Date of administration

Sample date

Additional information

I hereby confirm that the above information is correct.

Date, stamp and signature of veterinarian

Please label sample tubes uniquely.

* Optional info