

VLSI Ltd South Cork Industrial Estate Vicar's Road Cork T12 DNW4

Ph (021) 4965810

				ab barc
PRACTI	CE DETAILS			
VET				
PRACTICE				
TEL			•	PLEASE THE SUE
FAX			•	USE ON
EMAIL			•	CLEARL BER
PATIEN PLEASE PUT NAME	IT DETAILS ON SPECIME	N BOTTLE	•	SAMPLE
ANIMAL:				
			F	RABI
OWNER SURNAME:			┨	
MICROCHIP NO:			– D/	ATE
SPECIES:	SEX:		-	
Canine	Male			
Feline	Female			
Other	Neutered			
BREED:		AGE:		
SAMPLING DATE:			PL	EASE
	SU	BMITTING VE	TERINA	ARY SI
SIGNATURE OF SUBMITTI	NG VETERINA	ARY SURGEON		
NAME IN BLOCK LETTERS	;			
DATE				

## **RABIES CERTIFICATE**

۱	LSI USE ONLY			
	Date received			
	Lab barcode	Name on specimen? Yes		
		No		
	THE SUBMISSION FORM. USE ONE SUBMISSION FOR	APITALS AND FULLY COMPLETE PER ANIMAL ITH THE ANIMAL'S MICROCHIP NUM-		

S WILL BE TESED BY BIOBEST LABORATORIES LTD

## ES VACCINATION HISTORY

DATE	VACCINE	BATCH NO.

**ALLOW 10-14 DAYS FOR CERTIFICATION** 

## URGEON

FOR BIOBEST USE ONLY

Date of Receipt:	Invoice:	QC:	Fax:	Biobest Ref:

Biobest Laboratories Ltd., 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY, UK Tel: +44 (0) 131 440 2628 Fax: +44 (0) 131 440 9587 email: enquiry@biobest.co.uk www.biobest.co.uk

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