

Request for FAVN-OIE Rabies Antibody Test



Public Health Command Region - South
ATTN: Diagnostic Laboratory
2899 Schofield Road, Suite 2630
Ft Sam Houston TX 78234-7583
Phone: (210) 295-4605/4010/4387, Fax: (210) 270-2559
Website: www.vetlab.army.mil

Date/Time Received

Lab Accession Number

OFFICIAL FORM: Print/type all information below.

Pet Destination: _____

Owner Information

Name of Owner: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Animal Information

Pet's Name: _____ Microchip No. _____

Dog Cat Breed: _____ Age: _____ Sex: _____

Color/Unique Markings: _____

Submitting Veterinarian

Veterinary Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Date Serum Collected: _____ Clinic Code (if known) _____

Name of Veterinarian: _____

Signature of Veterinarian: _____

Signature acknowledges identity of pet, microchip number and owner's DOD beneficiary status

Results of Test - Lab Use Only