



**FAVN SEROLOGY TEST REPORT - Rabies Antibody Titer for Animal Export**

**ANIMAL INFORMATION**

<b>Animal Name:</b> (Please Print)	<b>Owner Name:</b> (Please Print)
<b>Microchip Number:</b>	<b>Sample Draw Date: (mm/dd/yyyy)</b>
<b>Transported Animal Destination:</b>	<b>Expected Arrival Date: (mm/dd/yyyy)</b>
<b>Rabies Vaccination History:</b>  <i>When transporting animals to Hawaii, the vaccination history is required.</i>	<b>Sex:</b> (Male, Female, Male Neutered, Female Spayed)
<b>Species/Breed:</b>	<b>Age:</b>
<b>Owner Mailing Address:</b>	<b>Owner Email Address:</b>
	<b>Owner Telephone:</b>

**VETERINARIAN/CLINIC INFORMATION**

<b>Clinic:</b>	<b>Clinic Phone #:</b>
<b>Veterinarian:</b> (Please Print)	<b>Clinic Fax #:</b>
<b>Clinic Mailing Address:</b>	<b>Clinic Email Address:</b>

I affirm that the above information is correct and that the microchip number has been verified.

<b>Signature of Veterinarian</b>	<b>Date</b>
	mm/dd/yyyy

**This section for Lab Use Only**