

**RABIES vaccination antibodies**Submission form available at [www.dianova.dk](http://www.dianova.dk)

Veterinarian / practice (stamp), mobile No.		Owner, name and address	
Vet. Practice No.		Animal, name	
Animal species/race		Animal, date of birth	
Identity No.		Date of identity marking	
Date of rabies vaccination	Vaccine	Batch No.	
Date of rabies vaccination	Vaccine	Batch No.	
Date of blood sampling			
Supplementary remarks			
Authorisation number and signature of veterinarian			
<hr/> I have read and by my signature accept Dianova's general business terms and conditions			

Reserved for laboratory use