

## Request for Determination of Rabies Antibodies for Dogs or Cats

### Submitting Veterinary Practice

Practice name:

Address (for international sample include country):

Telephone number:

Email address:

### **How would you like to receive your report?**

- ☐ Email (soft copy)
- ☐ Pick-up at Institut Pasteur (hard copy)
- ☐ Post-delivery with extra charge (hard copy)

### **Payment method**

- ☐ Through Veterinary Practice (contracted clinics only)
- ☐ At Institut Pasteur at sample submission
- ☐ Online through Institut Pasteur website

### Submitting veterinarian

Name:

Date:

Signature:

### Owner information

Name:

Address (for international sample include country):

Telephone number:

Email address:

### Animal information

Name:

Microchip number:

Species:

Breed:

Date of Birth:

Sex:

Date of sampling and microchip reading:

Date of last rabies vaccination:

Note that any wrongly entered information CANNOT be changed after sample submission.  
If changes are necessary, a new sample including additional payment has to be submitted.