|  |
| --- |
| For Wageningen Bioveterinary Research only |
| Unpack | Registration | Control registration | Requestnumber |
|  |  |  |  |

 **Submission form Rabies serology**

Please fill in the form as complete as possible.

**Contractor:**

|  |  |
| --- | --- |
| Client number# |       |
| Name\* |       |
| Address\* |       |
| Postal code\* |       |
| City\* |       |
| E-mail address |       |

 **Owner:**

|  |  |
| --- | --- |
| Name\* |       |
| Address\* |       |
| Postal code\* |       |
| City\* |       |
| Country\* |       |
| E-mail address |       |
| Client number |       |

 **Animal species\*:** [ ] Dog[ ] Cat[ ] Other, i.e.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Your reference:**Your reference will be listed at the report and the invoice

|  |
| --- |
|       |

 **Reason for submission:** [x] Screening

**Test :** [x] RAB01 Rabies serology

|  |  |  |  |
| --- | --- | --- | --- |
|  | Chipnumber |  | Name |
| 1 |       | 1 |       |
| 2 |       | 2 |       |
| 3 |       | 3 |       |
| 4 |       | 4 |       |
| 5 |       | 5 |       |
| 6 |       | 6 |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sampling date |    | - |    | - |      |
|  | dd |  | mm |  | yyyy |

**Report to:**

[x]  Contractor (always)

[ ]  Extra report to:

|  |  |
| --- | --- |
| Client number# |       |
| Name |       |
| Address |       |
| Postal code |       |
| City |       |
| E-mail address |       |

[ ]  **Report in English instead of Dutch**

**Invoice to:**(Unless indicated below the contractor will receive the invoice and therefore the contractor is responsible for the correct billing)

[ ]  **Contractor**

[ ]  **Owner**

|  |  |
| --- | --- |
| Agreed by owner | [ ]  |
| Date: |       |
| Signature owner: |       |

[ ]  **Other**:

|  |  |
| --- | --- |
| Client number# |       |
| Name |       |
| Address |       |
| Postal code |       |
| City |       |
| E-mail address |       |
| Date: |       |
| Signature: |  |

 **Remarks:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contractor**(By signing this submission form you agree with the conditions of acceptance of Wageningen Bioveterinary Research and the general conditions of Wageningen University & Research)

|  |  |
| --- | --- |
| Name: |       |
| Date: |       |
| Signature: |  |