

SERVICE REQUEST FORM
 ANIMAL HEALTH LABORATORY SYSTEM
 VIRGINIA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
 VDACS FORM-03154

Account or Veterinary Information

Billing Client Name _____ Vet. _____
 Address- _____ Zip Code- _____ Area Code- _____
 Phone No.- _____ Fax- _____ City- _____
 State- _____ County- _____
 Accession Number _____ Date Submitted- _____

Owner Information

Phone- _____ Area Code- _____ Premise _____
 Name- _____ Contact- _____
 Business Name- _____
 Address _____
 - _____
 Zip Code- _____ County- _____
 City- _____ State- _____

Animal Id./Name	Species	Breed	Sex	Tube No.	Age	Weight	Qty. _____
1 _____	_____	_____	<u>M F N</u>	_____	_____	_____	_____
2 _____	_____	_____	<u>M F N</u>	_____	_____	_____	_____
3 _____	_____	_____	<u>M F N</u>	_____	_____	_____	_____
4 _____	_____	_____	<u>M F N</u>	_____	_____	_____	_____

See Cont.sheet for multiple IDs)

Sample Information

Date Taken- _____
 Type- _____ Quantity- _____ Type- _____ Quantity _____

History

No.Sick- _____ No.Lost- _____ Total No.- _____ Date of Death- _____
 Time of Death- _____ Euthanasia Method _____
 Vaccination History- _____
 Treatment- _____
 History _____

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 Disease Suspected- _____

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SEE REVERSE FOR TEST SELECTION.