

* * Official **

FAVN Report Form - Rabies Antibody Titer for Export Animals

Results are reported on this form. Please complete on-line and print-out or use a typewriter. If

Rabies Laboratory
Kansas State University
2005 Research Park Circle
Manhattan KS 66502

tel: 785-532-4483
fax: 785-532-4474
www.vet.ksu.edu/rabies

LAB No	

		ly. If unclear, handv ed, information can				
DESTINATION of a **The submitting cli	nnimal being exp	oorted: le for all fees incu	rred and is	the recipient of	the FAVN R	leport**.
Submitting Clinic:				Phone:		
Name of <u>Veterinari</u>				FAX:		
Address:				Email:		
City:		State/Country:	/		Zip Code:	
Signature of Veteri Signature aff **UNLABELED san	irms identity of p	et and confirms the les received WITHO			ber listed belo	
Name of Owner: F	irst	La	ıst		•	Ì
Name of Animal:						
Microchip No Serum Draw Date (Species/Breed:	mo/dd /yyyy):			Sex: M□F□	Circle: inta	
Rabies Vaccination l	History:				Route:	
Result of Test:		(For Lab Use	Only)			
Opened by:	Proc	essed by:		Computer Entr	·V:	

^{**} Please see instructions for FAVN submission and reporting at www.vet.ksu.edu/rabies. This submission form is a legal binding contract between KSVDL and the submitting clinic. Fees may be paid by check (payable to KDAS), credit card, money order or electronic bank transfer. All fees incurred are the responsibility of the submitting clinic. A 1.5% finance charge will be accessed on all charges over 30 days. Version 01/01/2010