Abbey Veterinary Services

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LAB REFERENCE _____

DATE RECEIVED _____

RETURN ADDRESS (please ensure you include your address below)

SUBMITTING VET _____

OWNER'S NAME _____

ANIMAL I.D. _____

SPECIES _____

BREED _____

AGE _____

SEX _____

No. OF PIECES SUBMITTED _____

TISSUE SUBMITTED _____

No. OF CONTAINERS _____

PLEASE TICK TESTS REQUIRED

☐ Histology	☐ Cytology	☐ Bone Marrow Smear
☐ Skin Scrape	☐ Cerebrospinal Fluid	☐ Calculus Analysis
☐ Fungal Culture	☐ Bacterial Culture	☐ Post Mortem Material
☐ Full Faecal Exam	☐ Full Urinalysis Exam	☐ Other Microbiology†

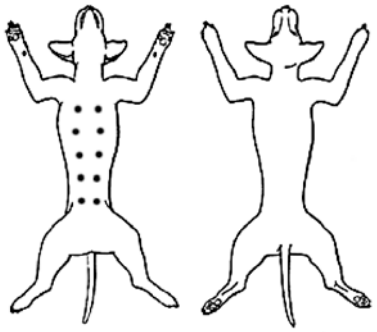
†Please specify additional test(s) below

DIFFERENTIAL DIAGNOSIS

CLINICAL HISTORY

Continue overleaf if necessary

DISTRIBUTION OF LESIONS
(If Applicable)



VENTRAL DORSAL

ADDITIONAL IMPORTANT INFORMATION

TIME SINCE LAST HEAT _____

RECENT THERAPY _____

_____

_____

_____

_____

_____

A LABORATORY CHARGE OF £ : WILL BE ADDED TO YOUR NEXT INVOICE

VAT TO BE ADDED AT CURRENT RATE

Submission forms, postage labels, newsletters and useful information available online @ www.abbeyvetservices.co.uk