



Virginia Regional Animal Health Laboratories

Harrisonburg
540-209-9130

Richmond
Office
804-786-9202

Warrenton
540-316-6543

Lynchburg
434-200-9988

Wytheville
276-228-5501

****LAB USE ONLY****

Accession Number _____

Receipt # _____

Amount Paid \$ _____

Fill Completely

Billing Party Information (Veterinarian or Owner)

Billing Party Name _____

Clinic/Business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Other Party Information
(If billing owner, information must be filled out completely)

Name _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Bill Owner? (Y/N) _____ Send owner copy? (Y/N) _____

Animal Information Sample Collection Date: _____ Shipment Date: _____

#	Animal ID/Name	Age	Sex	Species	Breed	Specimen(s) / Test(s)

Use Cont. sheet for multiple IDs)

TEST(S) REQUESTED: _____

Diagnostic	Regulatory	Surveillance
Research	Prepurchase/Sale	Export(Country)
Program:	Other: (Specify)	

Sick	#Dead	Total #
Date/Time of Death	Duration of Illness	Euthanasia Method

➤ Please specify history and diagnostic rule outs below, including micro-organism suspected

History

Vaccination History _____

Treatment(s) _____

Response(s) _____ Antibiotics within past 72 hours? **Yes** or **No** Type: _____

History (Clinical Signs) _____

RULE OUTS _____

<http://www.vdacs.virginia.gov/animals-fees-for-testing-procedures.shtml>