



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

<p align="center">Billing Party Information (Veterinarian or Owner)</p> <p>Billing Party Name _____</p> <p>Clinic/Business _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>County _____</p> <p>Email _____</p>	<p align="center">Other Party Information</p> <p align="center">(If billing owner, information must be filled out completely)</p> <p>Name _____</p> <p>Business Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p>
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Send owner copy? (Y/N) _____

Animal Information		Sample Collection Date: _____		Shipment Date: _____			
#	Animal ID/Name	Age	Sex	Species	Breed	Weight	Specimen(s) / Test(s)
1							
2							
3							
4							
5							
<input type="checkbox"/> Use Cont. sheet for multiple IDs)							
TEST(S) REQUESTED: _____							
Purpose of Test: (Circle)				Flock/Herd Information			
Diagnostic	Regulatory	Surveillance		Sick	#Dead	Total #	
Research	Prepurchase/Sale	Export(Country)		_____	_____	_____	
Program:	Other: (Specify)			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 No Type: _____
History(Clinical Signs) _____	

RULE OUTS _____	
http://www.vdacs.virginia.gov/animals-fees-for-testing-procedures.shtml	