

VETERINARY DIAGNOSTIC LABORATORY



2200 W. Deane Street
Fayetteville, AR 72703
PH (479) 575-4827
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MAMMAL SUBMISSION FORM

CASE # _____

DATE RECEIVED: _____

Owner _____

Address _____

Phone and Fax _____

Veterinarian and Clinic Name _____

Address _____

Phone and Fax _____

Report and Bill to: Owner _____ (Phone, Fax, Mail) Veterinarian _____(Phone, Fax, Mail)

PLEASE PROVIDE A COMPLETE HISTORY =====

Species _____ Breed _____ Age _____ Sex _____ Weight _____

History and Clinical Signs _____

Differential Diagnosis _____

Samples Submitted _____

TESTS REQUESTED =====

Pathology Virology (Specify) _____

Necropsy _____

Histopathology PCR (Specify) _____

Rabies Exam _____

Hematology (Specify) _____

Bacteriology _____

Routine Culture Toxicology (Specify) _____

Salmonella Culture _____

Anaerobic Culture Parasitology (Specify) _____

Mycotic/Fungal Culture _____

Antibiotic Sensitivity Other (Specify) _____