

LABORATORY REQUEST SUBMISSION

Case No.: _____
Date Received: _____
Lab #: _____

Owner: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Bill to: <input type="checkbox"/> Owner ID #: _____ <input type="checkbox"/> Vet ID #: _____
--

Referring veterinarian: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

House Clinician: _____ Staff: _____

Species: _____ Breed: _____ ID #: _____ Sex: _____ Age: _____

Dead Animal: _____ Post mortem interval: Hrs: _____ Tissues/other: _____
Work requested: Pathology Bacteriology Parasites Virology CBC Chem Screen

HISTORY:

Tentative Diagnosis: _____
CASE SUMMARY AND REPORT:

FINAL DIAGNOSIS:

CLINICIAN SIGNATURE: _____

Final Report Sent to: Veterinarian Date _____ Owner Date _____

1020 East Homedale Road · Caldwell, Idaho 83607 · (208) 454-8657 Fax: (208) 454-8659

NEW ACCOUNT INFORMATION

(PLEASE PRINT)

Date: _____

Full Business Legal Name: _____

Full Legal Name(s) of Responsible Party(s): _____

Complete Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Complete Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Species: _____ Breed: _____

Owner's Signature: _____

Referring veterinarian: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____