



FAVN Report Form - Rabies Antibody Titer for Export Animals

Rabies Laboratory
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Manhattan KS 66502

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www.vet.ksu.edu/rabies

LAB No. _____

**** Official **** Results are reported on this form. Please complete on-line and print-out or use a typewriter. If FAVN handwritten, print clearly. If unclear, handwritten information is subject to interpretation by laboratory personnel. Once submitted, information cannot be altered**. Required fields are bolded.

DESTINATION of animal being exported: _____

***The submitting clinic is responsible for all fees incurred and is the recipient of the FAVN Report**.*

Submitting Clinic: _____ **Phone:** _____

Name of Veterinarian: _____ **FAX:** _____

Address: _____ **Email:** _____

City: _____ **State/Country:** ____ / _____ **Zip Code:** _____

Signature of Veterinarian: _____ **Date** (mo/dd/ yyyy): _____

Signature affirms identity of pet and confirms the microchip identification number listed below.

****UNLABELED sample tubes or samples received WITHOUT MICROCHIP# are DISCARDED upon receipt**.**

Name of Owner: First _____ **Last** _____

Name of Animal: _____

Microchip No. _____

If there are two microchip numbers, only the first one will be on the results sticker.

Serum Draw Date (mo/dd/yyyy): _____ **Sex:** M F **Circle:** intact/neutered

Species/Breed: _____ **Date of Birth** (mo/dd/yyyy): _____

Rabies Vaccination History: _____ **Route:** _____

Result of Test: (For Lab Use Only)

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Opened by: _____ **Processed by:** _____ **Computer Entry:** _____

** Please see instructions for FAVN submission and reporting at www.vet.ksu.edu/rabies. This submission form is a legal binding contract between KSVDL and the submitting clinic. Fees may be paid by check (payable to KDAS), credit card, money order or electronic bank transfer. All fees incurred are the responsibility of the submitting clinic. A 1.5% finance charge will be accessed on all charges over 30 days. Version 01/01/2010