

VETERINARY DIAGNOSTIC LABORATORY



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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) \_\_\_\_\_