

RABIES SEROLOGY CERTIFICATE



SAMPLING INSTRUCTIONS:

- Please ensure that all fields are completed fully and accurately. Errors made when completing this form will cause issues when travelling with your pet.
- Please complete one rabies serology certificate per animal
- Send a minimum of 1ml serum (preferable) or 2ml clotted blood
- Clearly label sample with the animal's name and microchip number

SEND SAMPLE TO: Biobest Laboratories Ltd
6 Charles Darwin House
The Edinburgh Technopole
Milton Bridge, Nr Penicuik
EH26 0PY

SEND RESULTS TO:
Owner: Practice: Agent:

OWNER'S DETAILS:

Name:

E-Mail:

Address And Postcode (OPTIONAL):

SUBMITTING VETERINARY SURGEON'S DETAILS

Veterinary Practice Name, Address And Postcode:

Telephone:

Signature of submitting veterinary surgeon (blue ink preferred)*:

Name in BLOCK CAPITALS:

Date:

E-Mail:

ANIMAL'S DETAILS

Date of Birth:

Microchip Number:

AVID Microchip Number (if applicable):

Date of Blood Sampling & Microchip Reading:

Cat: Dog:

Animal Name:

RABIES VACCINATION DETAILS:

Date: (DDMMYY)	Vaccine:	Batch No:
05/11/2024	Defensor 3	689788

*By signing this form you are confirming that all information on this form is true and correct. You confirm that the animal being sampled appears healthy and is not suspected to be carrying any notifiable disease according to European regulations or the animal health regulations of the country where the animal is based. You are also confirming that the animal is not from a region or zone of a country that is subject to official restrictions due to a notifiable disease to which the animal is susceptible according to European or other national animal health regulations.

BIOBEST USE ONLY:

QC: I:

Biobest No:

Date of Receipt:

Biobest Ref.: 437920-001 Date: 11-Jul-2025

Microchip No.: 360 260 000 120 310

Rabies antibody titre greater than or equal to 0.5 IU/ml by FAVN test. Titre 3.38 IU/ml (PASS).

Lucy Fletcher BVetMed MRCVS

