

REPORT DETAILS

OWNER DETAILS

ANIMAL INFORMATION

PRACTICE NAME: _____
REF VET NAME: _____
ACCOUNT NO: _____

SAMPLE:
 URGENT ROUTINE
RESULTS:
 EMAIL FAX PHONE

CLINICAL INFO: _____

NAME + ADDRESS: _____

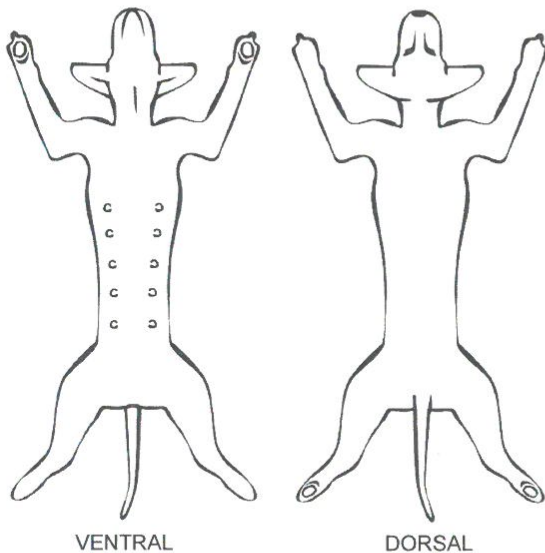
PHONE: _____
FAX: _____
E-MAIL: _____

ANIMAL NAME: _____
OWNERS NAME: _____
SPECIES:

Bovine	Canine	Avian	Porcine	Ovine
Equine	Feline	Exotic	W/Life	Other

SEX: M F NEUTERED AGE: _____
BREED: _____
COLOUR: _____
COLLECTION DATE: _____

DERMATOPATHOLOGY SUBMISSION FORM



- V4290 HISTOPATHOLOGY
- V4253 CYTOLOGY
- V4290 MICROBIOLOGY
 - Aerobic Culture + Sensitivity
 - Anaerobic/Aerobic + Sensitivity
 - Fungal Culture + Sensitivity
- V4290 FOOD REACTION TEST
- V4290 HESKA ALLERCEPT SEROLOGY
- V4290 ASIT VACCINE ORDER

Age of animal when condition first noticed and duration of condition: _____

Environmental conditions: Indoors Outdoors

Animals Diet: _____

Clinical description of skin condition and distribution of lesions (complete figure above)

Primary lesions _____

Secondary lesions _____

Pruritis: Present Absent

Seasonal: No Yes Worse: Spring/Summer Autumn/Winter

Treatment employed and success thereof: _____

Any other previous illness: _____

ASIT vaccine order: CH Number Dog Cat Horse
 Sublingual Subcutaneous Initial Maintenance

Vaccine composition. (Use reverse side if needed) _____