

**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

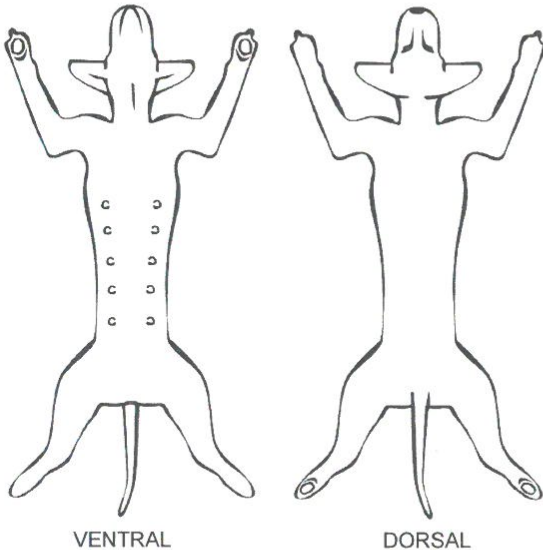
SEX:  M  F  NEUTERED AGE: \_\_\_\_\_

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) \_\_\_\_\_