

Referring Vet: Copy Doctor: 00VETDIA VETDIAGNOSTIX Insurance: VDX VETDIAGNOSTIX

Veterinarian Details **Animal Details**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Address: <input type="text"/> | Surname and Animal ID: <input type="text"/> | | | | | | | | |
| Telephone No.: <input type="text"/> | Species: <input type="text"/> | | | | | | | | |
| File Number: <input type="text"/> | Age: <input type="text"/> Gender: <input type="checkbox"/> F <input type="checkbox"/> M | | | | | | | | |
| Fasting: <input type="checkbox"/> Random: <input type="checkbox"/> Routine: <input type="checkbox"/> Urgent: <input type="checkbox"/> | Breed: <input type="text"/> | | | | | | | | |
| Telephone/Fax: <input type="text"/> | Bovine: <input type="checkbox"/> Canine: <input type="checkbox"/> Avian: <input type="checkbox"/> Porcine: <input type="checkbox"/> Ovine: <input type="checkbox"/> | | | | | | | | |
| Collection Date: <table border="1" style="font-size: small; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> Time: HOUR <input type="text"/> MIN <input type="text"/> | D | D | M | M | Y | Y | Y | Y | Equine: <input type="checkbox"/> Feline: <input type="checkbox"/> Exotic: <input type="checkbox"/> W/Life: <input type="checkbox"/> Other: <input type="checkbox"/> |
| D | D | M | M | Y | Y | Y | Y | | |
| Venesectionist: <input type="text"/> Submitted: <input type="checkbox"/> | Telephone No. (H): <input type="text"/> (W): <input type="text"/> | | | | | | | | |

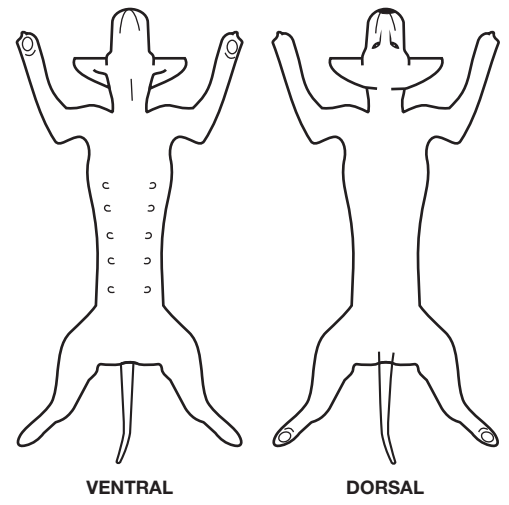
Spec. Taken: SST CLOT (No SST) CIT SPUT EDTA PINK (EDTA) FAEC FLUORIDE HEP SWAB URINE 24hr U OTHER:

Spec. Received: SST CLOT (No SST) CIT SPUT EDTA PINK (EDTA) FAEC FLUORIDE HEP SWAB URINE 24hr U OTHER:

ICD10 Codes: Clinical Information:

MRI#

DERMATOPATHOLOGY SUBMISSION **Form No.: V0015**



- V4290 HISTOPATHOLOGY
- V4253 CYTOLOGY
- V4290 MICROBIOLOGY
 - Aerobic Culture & Sensitivity
 - Anaerobic Culture & 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) _____