



# Rabies Antibody Titer for Export Animals – FAVN – OIE

Send to: Rabies Laboratory  
Kansas State Veterinary Diagnostic Laboratory  
1800 Denison Avenue, Mosier Hall Rm O-245  
Manhattan, Kansas 66506-5600  
Tel. (785) 532-4483/4455  
Fax (785) 532-4474/4522  
Web www.vet.k-state.edu/rabies

LAB No. \_\_\_\_\_

**\*OFFICIAL FORM: Results will be reported on this form. Please TYPE or complete online and then print. Once submitted, information on this form will not be altered. Handwritten information is open to interpretation by this laboratory. Required fields are underlined.\***

**DESTINATION of ANIMAL BEING EXPORTED: HAWAII** \_\_\_\_\_

From: (This address will be used for billing and results and is responsible for all fees incurred.)

Submitting Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ FAX: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_ / \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_ / \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Animal: \_\_\_\_\_ Microchip No. \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Color and Unique Markings: \_\_\_\_\_

Rabies Vaccination History: \_\_\_\_\_ Route: \_\_\_\_\_

Serum Draw Date: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

*Veterinarian signing form acknowledges identity of pet and confirms microchip identification.*

Results of Test: (For Lab Use Only)

[Empty box for Results of Test]

Opened by: \_\_\_\_\_ Processed by: \_\_\_\_\_ Computer Entry: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

**\*\*Must include microchip of animal as well as export destination\*\***