

Veterinary Practice Details

Name: _____
Address: _____

Phone: _____
Email: _____
Submitting Vet: _____
Signature: _____

Herd Owner Details

Name: _____
Address: _____

Herd Number: _____
Phone: _____
Email: _____

Sample Details

Sample No	Cow ID	Sample No	Cow ID
1		4	
2		5	
3		6	

Bovine ☐ Ovine ☐
Equine ☐ Other _____

Date of Sampling: _____

Wart Vaccine

Number of animals' vaccine required for _____

Note: This vaccine is only suitable for bovines. Autogenous wart vaccines are made from tissue retrieved from affected animals. It is not suitable for whole herd use and should only be administered to affected animals.

Additional Tests

Skin Scrape Examination <input type="checkbox"/> Dermatophyte Culture <input type="checkbox"/> Vans deferens Histopathology <input type="checkbox"/>	Comments/Requests
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For Laboratory Use Only

Job No:	Comments:
SO Number:	
Date received:	
Received by:	
Sample received in good condition: Yes <input type="checkbox"/> No <input type="checkbox"/>	

