



# LAB FOR PETS

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## FOR OFFICE USE

Accn# \_\_\_\_\_  
Accn Type: \_\_\_\_\_ Date rec'd: \_\_\_\_\_  
Bill to:  Vet  Clinic  Owner  Other  
Carrier: \_\_\_\_\_

Doctor: \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Report Distribution Preference:  Email  Mail

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Add'l Copy to: \_\_\_\_\_  
Animal Name/ID: \_\_\_\_\_  
Sex:  M  MN  F  F S Species: \_\_\_\_\_  
Date Shipped: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

### DIAGNOSTIC SUBMISSIONS:

- Fecal (OVA / Parasite) + Giardia No. of Sample: \_\_\_\_\_
- Urinalysis No. of Sample: \_\_\_\_\_  Urine Culture: \_\_\_\_\_
- PCR Source: \_\_\_\_\_  Ear Cytology No. of Sample: \_\_\_\_\_
- Bacterial / Fungal Culture Source: \_\_\_\_\_  Other Test: \_\_\_\_\_

Comments:

What question (s) would you like answered?

### NECROPSY SUBMISSIONS:

History:

Disease Suspected:

What question (s) would you like answered?

Treatment(s):

LAB TESTS REQUESTED: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Rabies Suspect**  Yes  No

Time:	
Collection Date:	
Euthanized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. In Herd/flk:	
No. In Group/hse:	
No. Sick:	
No. Died:	

I understand that specimens submitted are the property of Lab For Pets. Client information provided to Lab For Pets, and the tests results from samples submitted to Lab For Pets will be treated as confidential information consistent with applicable legal standards, including, but not limited to, California Business and Professions Code section 4857 and Evidence Code section 1 040. Such confidential information will not be divulged to third parties without consent of the client, except when required by law, which includes requirements that test results be provided to regularity agencies. Lab For Pets, its employees and agents shall not be accountable for any loss, expense (include attorneys' fees), damage, or liability of any kind resulting from or arising out of services provided hereunder unless caused by negligent or willful acts of omissions by Lab For Pets, its employees or agents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_