

Canine/Feline Serum Submission Form

PUPPY Follow Up

Veterinary Clinic: _____
 Pet Owner name: _____
 City/Town, State: _____
 Email(s) for reporting (owner and/or veterinarian): _____
Serology results will be sent to the emails listed littlelaureen@gmail.com
 Pet name: _____ DOB: Jan 2, 2024 Breed: Entlebucher Mountain Dog

Payment: Check included Invoice on account Responsible party _____
 Sex (please circle): Male Male/Neutered Female Female/Spayed

Health Status? Generally Healthy Chronic or Systemic Health Issues _____
 Date of last CDV, CPV-2 (FPV) vaccination: _____ CAVIDS tested previously? _____
 >>> Date of blood draw _____

Test Requested:

CDV/CPV-2 titer CAV titer (extra fee) Feline Panleukopenia (FPV) titer

Nomograph on dam Expected whelp date? _____

Puppy pre-vaccination baseline How many in litter? _____ High CPV Risk?

Puppy nomograph follow up (dam's call name/breeder last name Nakita / Little)

Please list if/when your dog received the following if known

Vaccination History	Yes	No	Date (if known)	Info. Not Available
Combination (CDV, CPV-2, CAV-1&2 with/without CPV)				
Canine Parvo Virus (CPV-2)				
Canine Distemper Virus (CDV)				
Leptospirosis 4-way				
Canine Corona Virus				
Rabies				
Canine Influenza H3N8 H3N2				
Others				
Bordetella (kennel cough) *				
For cats: date of most recent FPV vaccine				

* If yes, please indicate if intranasal (IN), oral (PO) vaccine or injectable (I) vaccine.

~Submitted serum samples will become the property of CAVIDS Laboratory~

_____ Submission contains no human pathogens, toxins, or genetically modified organisms and meets BSL-1 conditions.