



Rabies Antibody Titer Submission Form

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Species (Canine/Feline)															
Pet's name															
Sex															
Age	Years:							Months:							
Breed															
Microchip no															
Destination Country															
Tentative travel date															
Owner's name (As per Passport)															
Address (in India)															
	Pin code:														
Owner's contact number															
Last Rabies Vaccination date															
Last Rabies Vaccine name															
Last Rabies Vaccine Batch no															
Name of the Veterinarian															
Date of sampling and Microchip reading															

* I do hereby declare that all the above information given by me is true to the best of my knowledge

Signature of the Pet Owner

Signature & Seal of the submitting Veterinarian

Any questions? Please contact

Email: support@vetto.com Website: www.vetto.com

Phone: +91 97465 14125