

Pathology Unit

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Sender: _____ **Date received:** _____

Invoice to: Sender
 Other address: _____

Parasitology Bacteriology Mycology

Accompanying letter to animal number: _____

Species: _____

Sex: Male Female

Date of birth: _____ **Weight:** _____

Sent-in material:

Faeces _____

Preliminary report:

Observed since: _____

Treatment with: _____

Antibiosis during the last 5 days: Yes No

If so which: _____

Abnormal laboratory findings: _____

Signature