



TITER , BRUCELLOSIS, HEARTWORM TEST FORM
*(this form provides information for the staff to contact you with results,
and/or submit your data electronically to the Kansas State Veterinary
diagnostic laboratory)*

Your name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Dog Name: _____

Test(s) Rabies _____ Distemper/Parvo _____ . Heartworm _____ . Brucellosis _____

Age: _____ Sex: _____

Date last Rabies: _____ Date last core vaccine: _____

Dog Name: _____

Test(s) Rabies _____ Distemper/Parvo _____ . Heartworm _____ . Brucellosis _____

Age: _____ Sex: _____

Date last Rabies: _____ Date last core vaccine: _____

Dog Name: _____

Test(s) Rabies _____ Distemper/Parvo _____ . Heartworm _____ . Brucellosis _____

Age: _____ Sex: _____

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