



Dr. R.D. Schultz Laboratory
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Canine Serum Submission Form

Owner name: _____

Address: _____

Owner's email: _____ Veterinarian's email: _____

****Serology results will be sent to the owner and the veterinarian.****

Pet name: _____ Age: _____ Breed: _____

Sex: Male Male/Neutered Female Female/Spayed

Date of last vaccination: _____ Is this sample for a NOMOGRAPH? Yes No

If known, please list brand(s)/manufacturer(s) of vaccine (e.g. Duramune, Boehringer Ingelheim, Fort Dodge; Vanguard, Pfizer; Recombitek-Merial; Proguard, Continuum, Galaxy, Intervet, Schering-Plough): _____

Please list if/when your dog received the following:

Vaccine Type	Yes	No	Date (if known)	Info. Not Available
Canine Distemper Virus (CDV)				
Canine Parvo Virus (CPV-2)				
Canine Adenovirus (CAV-2)				
4-way injectable (CDV, CPV-2, CAV-1&2, CAV-2)				
5-way injectable (CDV, CPV-2, CAV-1&2, CAV-2, CpiV)				
Leptospira 2-way (<i>canicola</i> and <i>icterohaemorrhagiae</i>)				
Leptospira 4-way (<i>canicola</i> , <i>icterohaemorrhagiae</i> , <i>grippotyphosa</i> , <i>pomona</i>)				
Canine Corona Virus				
Rabies				
Canine Influenza				
Others				
Bordetella (kennel cough) If yes, please indicate if intranasal (IN) vaccine or injectable (IJ) vaccine.				
2-way (Bordetella, CPiV)				
3-way (Bordetella, CPiV, CAV-2)				

How many dogs live in this household? _____

Does this dog board at a commercial kennel? Yes No

When was the last time it was at a kennel? (Please list date) _____

Does this dog attend training courses, doggy daycare, etc.? Yes No

Please enclose a check made out to the University of Wisconsin for \$25.00 to cover the cost of CDV and CPV-2 titers. Thank you for your help with our study!

Serum submissions become property of the Dr. R. D. Schultz Laboratory.