



TITER AND HEARTWORM FORM

(This form provides information for the staff to contact you with your results, and/or submit your data electronically to the Kansas State Veterinary Diagnostic Laboratory)

Your Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Dog's Name: _____

Test(s): Rabies_____ Distemper/Parvo_____ Heartworm_____

Age: _____ Sex: _____

Date last Rabies: _____ Date last core vaccine: _____

Dog's Name: _____

Test(s): Rabies_____ Distemper/Parvo_____ Heartworm_____

Age: _____ Sex: _____

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