



**Dr. R.D. Schultz Laboratory**  
 4337 School of Veterinary Medicine  
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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.