



Companion Animal Vaccines and
Immuno-Diagnostic Service Laboratory
CAVIDS - Titer Testing Lab

University of Wisconsin-Madison School of Veterinary Medicine
2015 Linden Drive West
Madison, WI 53706
(608) 263-4648

Canine Serum Submission Form

Owner name: _____

City/Town, State: _____

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

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

Pet name: _____ Age: _____ Breed: _____

Sex (please circle): Male Male/Neutered Female Female/Spayed

Date of last CDV, CPV-2 vaccination: _____ Is this a repeat test for this dog? _____

Test Requested: CDV/CPV-2 titer CAV titer Nomograph on dam

Puppy - nomograph follow up (please give dam's name _____)

Please list if/when your dog received the following, and if known, please list brand(s)/manufacturer(s) of vaccine

Vaccination History	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)				
5-way injectable (CDV, CPV-2, CAV-1&2, CpiV)				
Leptospira 4-way (<i>canicola, icterohaemorrhagiae, grippotyphosa, pomona</i>)				
Canine Corona Virus				
Rabies				
Canine Influenza H3N8 H3N2				
Others				
Bordetella (kennel cough) *				
2-way (Bordetella, CPiV)				
3-way (Bordetella, CPiV, CAV-2)				

* If yes, please indicate if intranasal (IN), oral (PO) vaccine or injectable (IJ) vaccine.

How many dogs live in this household? _____

Does this dog board at a commercial kennel? (Please circle) Yes No

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

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

~Submitted serum samples will become the property of CAVIDS Laboratory~

Please enclose a check made payable to the University of Wisconsin