



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

This Space for Laboratory Use Only

Canine/Feline Serum Submission Form

Veterinary Clinic: _____
 Pet Owner name: _____
 City/Town, State: _____
 Owner's email: _____ Veterinarian's email: _____

Serology results will be sent to the emails listed

Pet name: _____ DOB: _____ Breed: _____

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

Health Status? Generally Healthy Chronic or Systemic Health Issues

Date of last CDV, CPV-2 (FPV) vaccination: _____ CAVIDS tested previously? _____

Test Requested: Date of blood draw _____

CDV/CPV-2 titer CAV titer (extra fee) Feline Panleukopenia (FPV) titer

Nomograph on dam Expected whelp date? _____

Puppy pre-vaccination baseline How many in litter? _____ High CPV Risk?

Puppy nomograph follow up (dam's full 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
Combination (CDV, CPV-2, CAV-1&2 with/without CPiV)				
Canine Parvo Virus (CPV-2)				
Canine Distemper Virus (CDV)				
Leptospira 4-way				
Canine Corona Virus				
Rabies				
Canine Influenza H3N8 H3N2				
Others				
Bordetella (kennel cough) *				
For cats: date of most recent FPV vaccine				

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

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