

NOVA SCOTIA DEPARTMENT OF AGRICULTURE

Quality Evaluation

Veterinary Pathology Laboratory

65 River Road

Truro, NS B2N 5E3

Phone: 902/893-6540/ Fax: 902/895-6684

Date Collected: _____

Date Submitted: _____

Date Received: _____

AHL Lab Accession #: _____

MASTITIS SUBMISSION

Submitted by: Veterinarian ___ Owner ___ Other _____

Report to: Veterinarian ___ Owner ___ Other _____

Owner: _____

Address: _____ **Postal Code:** _____

Phone #: _____ **Fax #:** _____

Veterinarian: _____

HISTORY/TREATMENT:

MILK SAMPLES

Animal ID	Quarter	Vial #
	RF	
	RH	
	LF	
	LH	

Animal ID	Quarter	Vial #
	RF	
	RH	
	LF	
	LH	

Animal ID	Quarter	Vial #
	RF	
	RH	
	LF	
	LH	

Animal ID	Quarter	Vial #
	RF	
	RH	
	LF	
	LH	

Animal ID	Quarter	Vial #
	RF	
	RH	
	LF	
	LH	

Animal ID	Quarter	Vial #
	RF	
	RH	
	LF	
	LH	

Animal ID	Quarter	Vial #
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	LF	
	LH	

Animal ID	Quarter	Vial #
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	LH	

Animal ID	Quarter	Vial #
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	LF	
	LH	