

**SAMPLE SUBMISSION FORM  
DOURINE SEROLOGY**

**FOR LAB USE ONLY:**

Fee:	Date received:	RPO:	LAB REF
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Sender code	Owner code
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SENDER DETAILS		OWNER DETAILS	
Sender Reference		Name	
Name		Contact person	
Contact person		Company	
Company / Clinic / Vet Practice		Farm name / Physical address	
Physical address		Postal code	
Postal code		Physical location (GPS)	Longitude Latitude
Postal Address		Postal Address	
Postal code		Postal code	
Tel	Fax	Tel	Fax
Cell		Cell	
Email		Email	

<b>REPORT TO:</b>	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	<b>RESULTS BY:</b>	Post <input type="checkbox"/>	Tel <input type="checkbox"/>	Fax <input type="checkbox"/>	Email <input type="checkbox"/>	<b>ACCOUNT TO:</b>	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	Other* <input type="checkbox"/>
* Account to Other:	Name:		Tel:		Fax:		Cell:				
	Postal address:		Postal code:		Email:						

<b>SPECIES</b>	Horse <input type="checkbox"/>	Mule <input type="checkbox"/>	Donkey <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Age of Animal:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
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Type of specimens submitted:	Date collected:
Number of specimens submitted:	

**DOURINE SEROLOGY RESULTS**

DOURINE SEROLOGY RESULTS				For laboratory use only
Number	Description of animal: breed, colour, sex, age, marks, etc.	Passport no.	Valuation	Test result
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I certify that I have collected this / these sample/s or have been present at the collection, that the sample/s is/are correctly identified herein and that I have verified the animal identification.

**Referring Veterinarian or Animal Health Technician's signature:**

<b>For Laboratory use only</b>
Signed: _____ Date: _____ Veterinary Technologist

**Dourine Test Agreement**

**FOR LAB USE ONLY:**

**LAB REF**

Please complete below

**DOURINE TEST AGREEMENT**

I, \_\_\_\_\_ the undersigned, of the farm

\_\_\_\_\_ in the magisterial district of \_\_\_\_\_

do hereby apply to have the horses/donkeys/mules as described on front page of this form subjected to a Dourine test.

**Purpose of test:** Export / Breeding purposes / Diagnostic (Delete where not applicable.)

I agree to have any mare or stallion reacting positively to the test for Dourine:

- (a) sterilised or castrated; or
- (b) immediately destroyed; or
- (c) subject to the consent of the State Veterinarian and the conditions set by him slaughtered at a quarantine abattoir; without compensation by the State.

I further agree to make any mare or stallion showing a suspicious reaction to the test, available to the state veterinarian for retesting until a final diagnosis is made on such animal and to comply with his instructions concerning the handling of such animal, without compensation by the State.

\_\_\_\_\_

Place: \_\_\_\_\_

Signature of owner or his/her assignee

Date: \_\_\_\_\_

Witnesses: 1: \_\_\_\_\_

2: \_\_\_\_\_