

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 #
	RF	
	RH	
	LF	
	LH	

Animal ID	Quarter	Vial #
	RF	
	RH	
	LF	
	LH	

Animal ID	Quarter	Vial #
	RF	
	RH	
	LF	
	LH	