

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: \_\_\_\_\_

Pathology 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# |
|-----------|---------|-------|
|           | RH      |       |
|           | RH      |       |
|           | LF      |       |
|           | LH      |       |

| Animal ID | Quarter | Vial# |
|-----------|---------|-------|
|           | RH      |       |
|           | RH      |       |
|           | LF      |       |
|           | LH      |       |

| Animal ID | Quarter | Vial# |
|-----------|---------|-------|
|           | RH      |       |
|           | RH      |       |
|           | LF      |       |
|           | LH      |       |

| Animal ID | Quarter | Vial# |
|-----------|---------|-------|
|           | RH      |       |
|           | RH      |       |
|           | LF      |       |
|           | LH      |       |

| Animal ID | Quarter | Vial# |
|-----------|---------|-------|
|           | RH      |       |
|           | RH      |       |
|           | LF      |       |
|           | LH      |       |

| Animal ID | Quarter | Vial# |
|-----------|---------|-------|
|           | RH      |       |
|           | RH      |       |
|           | LF      |       |
|           | LH      |       |

| Animal ID | Quarter | Vial# |
|-----------|---------|-------|
|           | RH      |       |
|           | RH      |       |
|           | LF      |       |
|           | LH      |       |

| Animal ID | Quarter | Vial# |
|-----------|---------|-------|
|           | RH      |       |
|           | RH      |       |
|           | LF      |       |
|           | LH      |       |

| Animal ID | Quarter | Vial# |
|-----------|---------|-------|
|           | RH      |       |
|           | RH      |       |
|           | LF      |       |
|           | LH      |       |