## NOVA SCOTIA DEPARTMENT OF AGRICULTURE **Quality Evaluation** Date Collected: \_\_\_\_\_ **Veterinary Pathology Laboratory** Date Submitted: 65 River Road Date Received: \_\_\_\_\_ Truro, NS B2N 5E3 Phone: 902/893-6540/Fax: 902/895-6684 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 Quarter | Vial# Vial# Vial# **Animal ID Animal ID** Quarter RH RHRH RH RHLF LF LF $\mathbf{L}\mathbf{H}$ LH LHQuarter Quarter **Animal ID** Quarter Vial# **Animal ID** Vial# **Animal ID** Vial# RH RHRHRH RH RH LF LF LF LH LH LH **Animal ID** Quarter Vial# Animal ID Quarter Vial# **Animal ID** Quarter Vial# RH RH RH RHRHRHLF LF LF LH

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