

|                               |  |          |  |           |  |                            |  |
|-------------------------------|--|----------|--|-----------|--|----------------------------|--|
| Laboratório                   |  | Telefone |  | Endereço: |  | Portaria de Credenciamento |  |
| Proprietário do animal        |  |          |  | Telefone  |  | Endereço:                  |  |
| Med. Veterinário Requisitante |  |          |  | Telefone  |  | Endereço:                  |  |
| Propriedade                   |  |          |  |           |  | Município                  |  |

| Identificação dos Animais |                    |                 |            |                    |      |   |               |         |   |
|---------------------------|--------------------|-----------------|------------|--------------------|------|---|---------------|---------|---|
| Nº de Ordem               | Número de registro | Número do lacre | Nome ou Nº | Espécie<br>E; M; A | Raça | Sexo  | Idade (meses) | Pelagem | Resultado   |
|                           |                    |                 |            |                    |      | <input type="checkbox"/> M <input type="checkbox"/> F |               |         | <input type="checkbox"/> P <input type="checkbox"/> N |
|                           |                    |                 |            |                    |      | <input type="checkbox"/> M <input type="checkbox"/> F |               |         | <input type="checkbox"/> P <input type="checkbox"/> N |
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SEM VALIDADE PARA TRÂNSITO

|  |                    |                |
|--|--------------------|----------------|
| Laboratório Fabricante:<br><b>Partida Nº</b> _____ | Data da coleta:    | Data do exame: |
|  | Validade do exame: |                |

Assinatura e Carimbo do médico veterinário requisitante

Carimbo do responsável técnico