



Companion Animal Vaccines and  
Immuno-Diagnostic Service Laboratory  
**CAVIDS - Titer Testing Lab**  
University of Wisconsin-Madison School of Veterinary Medicine  
2015 Linden Drive West  
Madison, WI 53706  
(608) 263-4648

This Space for Laboratory Use Only

## Canine/Feline Serum Submission Form

Veterinary Clinic: PLEASANT VALLEY VETERINARY SERVICES, LLC

Pet Owner name: \_\_\_\_\_

City/Town, State: \_\_\_\_\_

Owner's email: \_\_\_\_\_ Veterinarian's email: p.vetservices@comcast.net

*\*Serology results will be sent to the emails listed\**

Pet name: \_\_\_\_\_ DOB: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex (please circle): Male Male/Neutered Female Female/Spayed

Health Status? Generally Healthy  Chronic or Systemic Health Issues

Date of last CDV, CPV-2 (FPV) vaccination: \_\_\_\_\_ CAVIDS tested previously? \_\_\_\_\_

**Test Requested:** Date of blood draw 04/19/2026

CDV/CPV-2 titer  CAV titer (extra fee)  Feline Panleukopenia (FPV) titer

Nomograph on dam  Expected whelp date? \_\_\_\_\_

Puppy pre-vaccination baseline  How many in litter? \_\_\_\_\_ High CPV Risk?

Puppy nomograph follow up  (dam's full name \_\_\_\_\_)

Please list if/when your dog received the following, and if known, please list brand(s)/manufacturer(s) of vaccine

Vaccination History	Yes	No	Date (if known)	Info. Not Available
Combination (CDV, CPV-2, CAV-1&2 with/without CPiV )				
Canine Parvo Virus (CPV-2)				
Canine Distemper Virus (CDV)				
Leptospira 4-way				
Canine Corona Virus				
Rabies				
Canine Influenza H3N8 H3N2				
Others				
Bordetella (kennel cough) *				
For cats: date of most recent FPV vaccine				

\* If yes, please indicate if intranasal (IN), oral (PO) vaccine or injectable (IJ) vaccine.

~Submitted serum samples will become the property of CAVIDS Laboratory~