



Animal Health Division
West Virginia Department of Agriculture

Kent A. Leonhardt
Commissioner

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Dr. James Maxwell
State Veterinarian

Date: _____

Moorefield Laboratory Accession Form

Owner name: _____

Accession No: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Specimen submitted by: _____

Identification	
Age	
Sex	
Breed	

History	
Examination requested	
Laboratory findings	

Diagnosis	
Date reported	Signature

type of exam/system	findings
External Exam	
Respiratory System	
Circulatory System	
Digestive System	
Urogenital System	
Lymphatic System	
Endocrine System	
Musculoskeletal System	
Nervous System	
Necropsy System	