

N.C. STATE EQUINE HEALTH CENTER
 at SOUTHERN PINES
 6045 US#1 North, Southern Pines, North Carolina 28387
 Phone: 910-692-8773 Fax: 910-692-1860

License/Accreditation#
SVP/3421

www.vet-equine.com

EQUINE INFECTIOUS ANEMIA TEST RECORD

Print name and address legibly for window envelope use

Dr. **James M. Hamilton** Phone: **910-692-8640**

Clinic **Southern Pines Equine Associates**

Address **P.O. Drawer 1776**

City **Southern Pines** State **NC** Zip **28388**

Owner **Lisa Watkins**

Address **213 Tealight Lane**

Cary, NC Zip **27513**

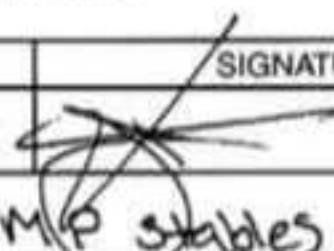
Phone **919-369-3944**

Reason for Test:

1. Clinical _____
2. Infected _____
3. Exposed _____
4. Show _____
5. Sale _____
6. Routine
7. Other _____

I hereby certify that the blood specimen submitted with this form was drawn by me from the animal described below on the date indicated.

DATE BLED SIGNATURE

4-24-17 

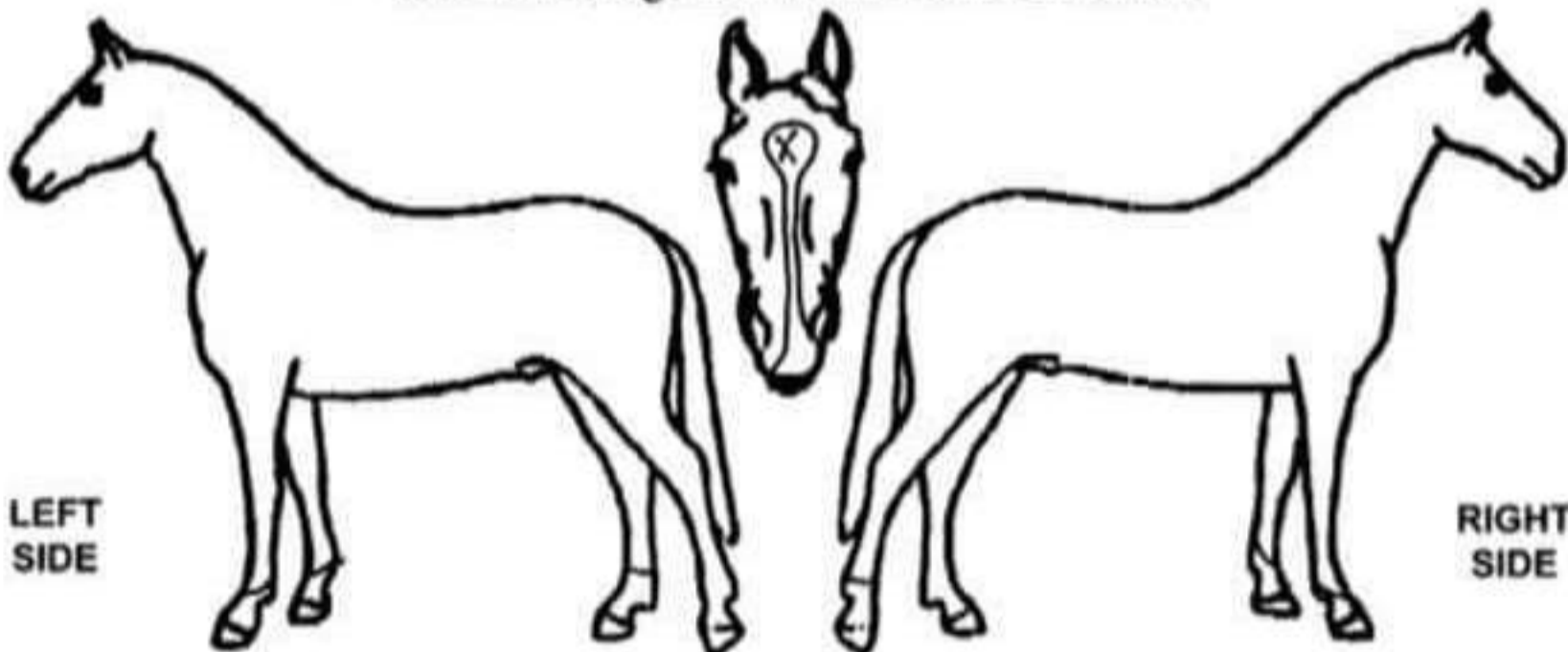
Animal Stabled At **JMP stables**
 Address **North May Street**

County **Moore** TOWN **Southern Pines**

Farm No. (QBSP)

TUBE NUMBER	NAME	COLOR	BREED	SEX* Check One			AGE	TEST RESULT	
				S	M	G		<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive
	Woodlands Conway 'Conway'	chestnut	Welsh/TB			<input checked="" type="checkbox"/>	13		

White Markings and Whorls Must Be Shown!



Date and condition of samples received **4/24/17**

AGID — VMRD () CELISA — Idexx ()

WHITE COPY — VETERINARIAN
 YELLOW COPY — OWNER
 PINK COPY — FILE
 GOLDENROD COPY — STATE VETERINARIAN

The results of the test for Equine Infectious Anemia on the above specimen is as indicated

Signature **James M. Hamilton**

Accession No. **14610**

*Please Use Legend: S — Stallion/Male
 M — Mare/Female
 G — Gelding