

KENTUCKY DEPARTMENT OF AGRICULTURE

KYSV-301 Rev. 07/05

Office of the State Veterinarian

Equine Infectious Anemia Test

TYPE TEST REQUESTED: AGID ELISA



Accession No. C17-6155

JUN 23 17 40:13

Owner Data

Veterinarian

Name: Stephanie Williams

Name: Anthony Roe Accr. Code: 0708V

Address: 763 Harold Lucas Ln
Big Springs KY 40175

Address: PO Box 486
Hartinsburg KY 40143

County: _____ Premises ID #: _____

Premises ID #: _____

Date Sample Drawn: 6/26/17

FORM MUST BE COMPLETE & LEGIBLE

Please Print or Type

Tube #	Name of Horse	Age	Sex - check one	Breed	Color
1	<u>MS Energy Creation</u>	1	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Intact Male <input type="checkbox"/> Gelding	<u>Hot</u>	<u>Paint</u>
Description or Animal ID					Description or Animal ID

Circle reason for test: Sale, Show, Racing, Export, Other: Trial

I personally collected the blood specimen from the horse listed and described above.

Signature of Veterinarian: [Signature]

Laboratory Use Only

Laboratory _____

Results _____

Technician K. J. Bertram

Date Reported _____

REMARKS or Order of Quarantine #:

AGID