

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. CT-68 JUN 28 12 2012

Owner Data

Veterinarian

Name: Stephanie Williams

Name: Anthony Roe Accr. Code: 090811

Address: 763 Harold Lucas W
Big Springs KY 40175

Address: Po Box 986
Hardinburg 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	Spot and Ichi	2	<input type="checkbox"/> Female <input type="checkbox"/> Intact Male <input checked="" type="checkbox"/> Gelding	AKI	Bay
Description or Animal ID					Description or Animal ID

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

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

Signature of Veterinarian: Anthony Roe

Laboratory Use Only

Laboratory _____

Results _____

Technician Keig Rotman

Date Reported _____

REMARKS or Order of Quarantine #:

AGID