

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. RR17-5281

Owner Data

Veterinarian

Name: DEBBIE GRIER / FANTASIA FARM

Name: GRADY COFIELD, DVM Accr. Code: 82613

Address: 7895 TATES CREEK ROAD

Address: RREH - P.O. BOX 12070

LEXINGTON, KY 40515

LEXINGTON, KY 40580

County: FAYETTE Premises ID #: _____

Premises ID #: _____

Date Sample Drawn: 6/29/17

**FORM MUST BE COMPLETE & LEGIBLE
Please Print or Type**

Tube #	Name of Horse	Age	Sex - check one	Breed	Color
	ROANEO	6	<input type="checkbox"/> Female <input type="checkbox"/> Intact Male <input checked="" type="checkbox"/> Gelding	WELSH PONY	RED ROAN
Description or Animal ID					Description or Animal ID
X - WHORL					Description or Animal ID
STAR, STRIPE					Description or Animal ID
					Description or Animal ID
					Description or Animal ID
					Description or Animal ID

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

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

Signature of Veterinarian: [Signature]

Laboratory Use Only

Laboratory Kristal R Marsh

Results Negative - AGID

Technician [Signature]

Rood and Riddle Equine Hospital
Lexington, KY
(859) 233-0331

Date Reported 6/30/17

REMARKS or Order of Quarantine #: