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Animal Health Division
West Virginia Department of Agriculture

1900 Kanawha Blvd., E., Charleston, WV 25305
304-558-2214

No 166870

Walt Helmick
Commissioner

Jewell Plumley, DVM
Director

EQUINE INFECTIOUS ANEMIA TEST REPORT

DATE BLED 9/10/16		9-1276	
OWNER'S NAME AND ADDRESS Coleswood Farm 3330 Old Leetown Pke Ranson WV 25438		VETERINARIAN'S NAME AND ADDRESS VALLEY EQUINE ASSOCIATES, PLLC 515 FINISH LINE AVENUE RANSON, WV 25438 304-725-1471	
Tel. No.	County	Tel. No.	County
NAME AND ADDRESS WHERE HORSE IS STABLED		PLACE WHERE HORSE WAS BLED	
J R		J R	
Tel. No.	County	Tel. No.	County

REASON FOR TEST

- OWNER
- SHOW-FAIR
- CLINICAL SYMPTOMS
- INTERSTATE SHIPMENT
- RECENT PURCHASE
- SALE
- OTHER _____

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

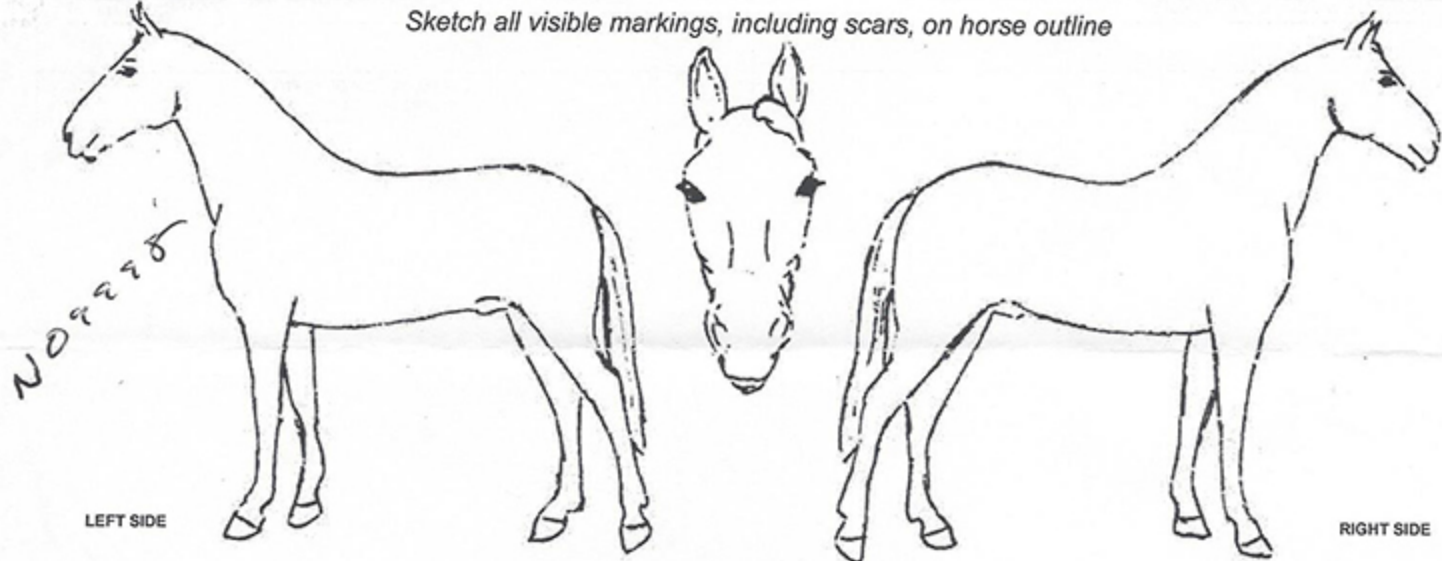
Francis DeLuca 9/11/16

J R

Signature, Federally Accredited Veterinarian and License Number

Owner or Agent's Signature

Sketch all visible markings, including scars, on horse outline



Tube No.	IDENTIFICATION (Name, ID NO., TATTOO/BRAND)	AGE	BREED	SEX	COLOR
	527 Tured	67	TB	♀	0 Bay

NAME OF LABORATORY, ADDRESS AND PHONE NUMBER:

TESTED BY:

TEST TYPE, KIT MNFR, RESULTS AND DATE REPORTED:

AGID, NEG., 9-14-16



Test Kit serial number:

White - Owner or Agent Yellow - Veterinarian Pink - Laboratory

Acct#