

+

□ +

KENTUCKY DEPARTMENT OF AGRICULTURE  
Office of the State Veterinarian

KYSV-301 Rev. 07/05



Equine Infectious Anemia Test

TYPE TEST REQUESTED:  AGID  ELISA



Accession No. RR17-7602

Owner Data

Veterinarian

Name: DEBBIE GRIER, FANTASIA FARM

Name: MELANIE FRATTO, DVM Accr. Code: 82705

Address: 7895 TATES CREEK RD.

Address: RREH - P.O. BOX 12070

LEXINGTON, KY 40515

LEXINGTON, KY 40580

County: FAYETTE Premises ID #: \_\_\_\_\_

Premises ID #: \_\_\_\_\_

Date Sample Drawn: 9-8-17

FORM MUST BE COMPLETE & LEGIBLE  
Please Print or Type

Tube #	Name of Horse	Age	Sex - check one	Breed	Color
	PENDLETON	7	<input type="checkbox"/> Female <input type="checkbox"/> Intact Male <input checked="" type="checkbox"/> Gelding	PONY	BLACK
Description or Animal ID					Description or Animal ID
X -WHORL					Description or Animal ID
WIDE BLAZE, LOWER LIP					Description or Animal ID
LF, RF PARTIAL CORONET					Description or Animal ID
LH, RH PASTERN WHITE					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: *Melanie Fratto*

Laboratory Use Only

Laboratory *Sharon Huber*  
ROOD AND RIDDLE EQUINE HOSPITAL  
LEXINGTON, KENTUCKY 40511  
(859) 233-0331

*SR*

Results Negative - AGID  
Date Reported 9-10-17

REMARKS or Order of Quarantine #: