

N.C. STATE EQUINE HEALTH CENTER

at SOUTHERN PINES

6045 US#1 North, Southern Pines, North Carolina 28387

Phone: 910-692-8773 Fax: 910-692-1860

www.vet-equine.com

EQUINE INFECTIOUS ANEMIA TEST RECORD

License/Accreditation#
SIC/2673

Print name and address legibly for window envelope use
Dr. Thomas M. Daniel, Jr. Phone: 910-692-8640

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

Clinic Southern Pines Equine Associates

Address P.O. Drawer 1776

DATE BLED	SIGNATURE
<u>1/23/17</u>	

City Southern Pines State NC Zip 28388

Owner Kathy Nelson

Reason for Test:
1. Clinical _____
2. Infected _____
3. Exposed _____
4. Show _____
5. Sale _____
6. Routine _____
7. Other _____

Animal Stabled At Same

Address 205 Pine St

Address Pinetown

City Vass NC Zip 27594

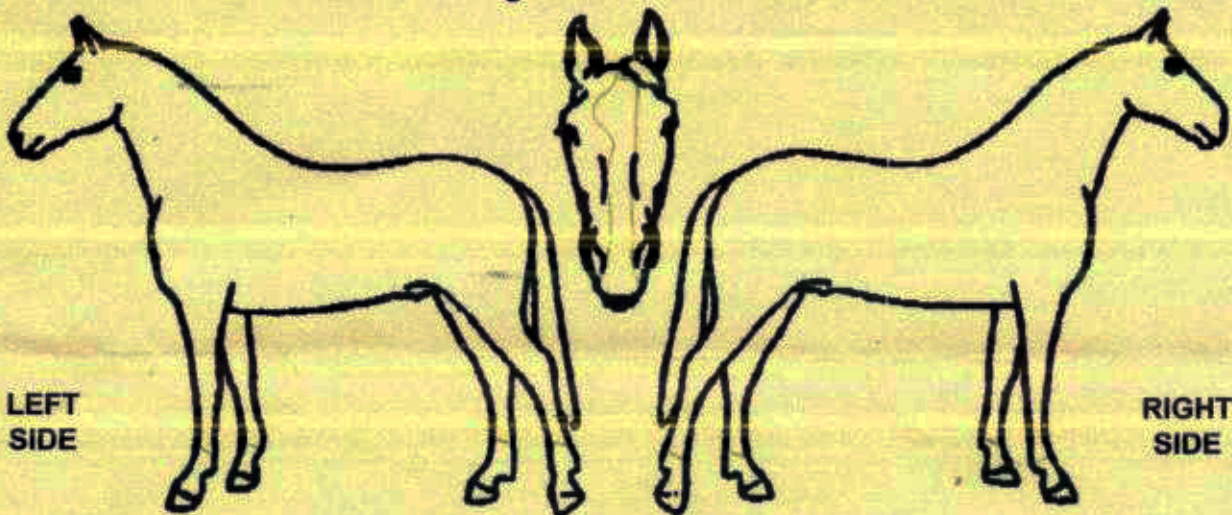
County Moore TOWN Vass

Phone 603-661-0377

Farm No. (QBSP) _____

TUBE NUMBER	NAME	COLOR	BREED	SEX* Check One			AGE	TEST RESULTS	
				S	M	G		<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive
	<u>Whispering Treasure</u>	<u>Bay</u>	<u>Welsh</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

White Markings and Whorls Must Be Shown!



Date and condition of samples received 1/24/17

The results of the test for Equine Infectious Anemia on the above specimen is as indicated

AGID — VMRD () CELISA — Idexx ()

Signature Thomas M. Daniel, Jr.

Accession No. 9037

WHITE COPY — VETERINARIAN
YELLOW COPY — OWNER
PINK COPY — FILE
GOLDENROD COPY — STATE VETERINARIAN

*Please Use Legend: S — Stallion/Male
M — Mare/Female
G — Gelding