

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#
079010

Print name and address legibly for window envelope use

Dr. **Crystal Martinez** Phone: **252-257-0737**

Clinic **Warrenton Animal Clinic**

Address **1537 Davis Bugg Road**

City **Warrenton** State **NC** Zip **27589**

Owner **Sarah Hight**

Address **301 Perdues Rd.**

Louisburg, NC Zip **27549**

Phone **919-496-5832**

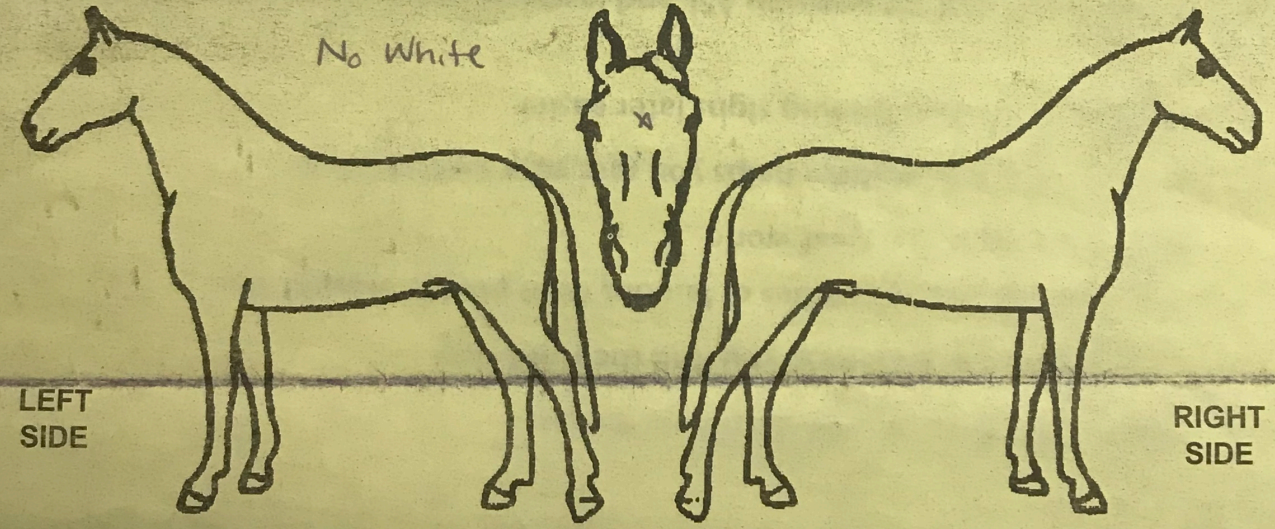
- Reason for Test:
1. Clinical _____
 2. Infected _____
 3. Exposed _____
 4. Show _____
 5. Sale _____
 6. Routine
 7. Other _____

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

DATE BLED	SIGNATURE
8/31/17	<i>Crystal Martinez</i>
Animal Stabled At Owner	
Address	
County Franklin	TOWN
Farm No. (QBSP)	

TUBE NUMBER	NAME	COLOR	BREED	SEX* Check One	AGE	TEST RESULTS
C400	Sa-Lyn's Daisy	Brown	Welsh X	S <input type="checkbox"/> M <input checked="" type="checkbox"/> G <input type="checkbox"/>	5 ^{yr}	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive

White Markings and Whorls Must Be Shown!



Date and condition of samples received 8/18/17

AGID — VMRD () CELISA — Idexx ()

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

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

Signature *Pamela B. Wilber*

Accession No. 17387

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