

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#

026332

Print name and address legibly for window envelope use

Dr. **Robert Rednour** Phone: **919-554-1176**

Clinic **Large Animal Veterinary Services**

Address **895 Hicks Rd.**

City **Youngsville** State **NC** Zip **27596**

Owner **Emily Jackson**

Address **130 Horse Back Rd**

Zebulon N.C. Zip **27597**

Phone **919-675-8417**

- 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
2-1-18	<i>[Signature]</i>
Animal Stabled At	
Address	
County	TOWN
Farm No. (QBSP)	

TUBE NUMBER	NAME	COLOR	BREED	SEX* Check One			AGE	TEST RESULTS	
				S	M	G		Negative	Positive
	Thunder	Perline	QIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 yrs	<input checked="" type="checkbox"/>	<input type="checkbox"/>

White Markings and Whorls Must Be Shown!



Date and condition of samples received **2-9-18**

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 **Patricia R Wilson**

Accession No. **21635**

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