



Animal Health Division
West Virginia Department of Agriculture
 1900 Kanawha Blvd., E., Charleston, WV 25305
 304-558-2214

No 163651

Jewell Plumley, DVM
 Director

Walt Helmick
 Commissioner

EQUINE INFECTIOUS ANEMIA TEST REPORT

DATE BLED <i>June 23, 2019</i>		VETERINARIAN'S NAME AND ADDRESS <i>Ben Byers 342 Va Ave A Hagerstown, MD 21740</i>	
OWNER'S NAME AND ADDRESS <i>Jill Leathers 180 Jakob Lederer Lane Kearneysville, 25430</i>		VETERINARIAN'S NAME AND ADDRESS	
Tel. No.	County <i>Jefferson</i>	Tel. No. <i>301-791-2180</i>	County
NAME AND ADDRESS WHERE HORSE IS STABLED <i>same</i>		PLACE WHERE HORSE WAS BLED <i>same</i>	
Tel. No.	County	Tel. No.	County

REASON FOR TEST

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

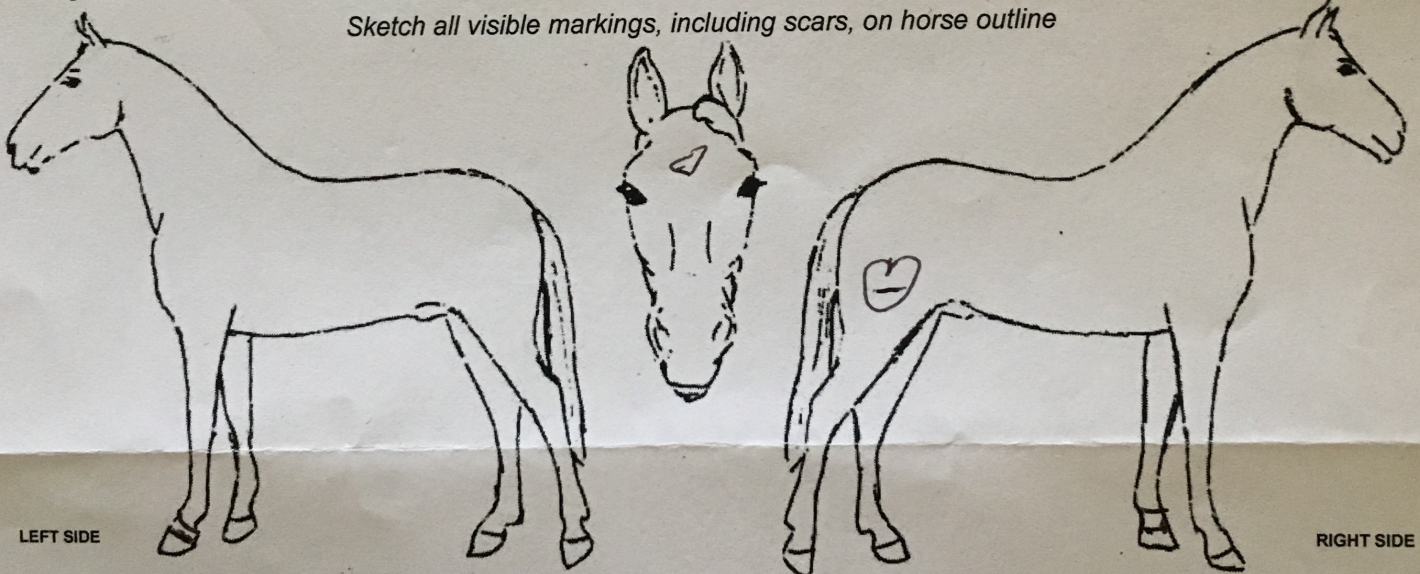
I hereby certify that the blood specimen submitted with this form was drawn by me from the horse described on this sheet on the date indicated.

Benjamin J. Byers IV WV4628

Signature, Federally Accredited Veterinarian and License Number

Owner or Agent's Signature

Sketch all visible markings, including scars, on horse outline



LEFT SIDE

RIGHT SIDE

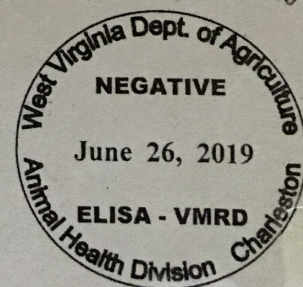
Tube No.	IDENTIFICATION (Name, ID NO., TATTOO/BRAND)	AGE	BREED	SEX	COLOR
<i>1</i>	<i>Save Your Face</i>	<i>1ly</i>	<i>QH appendix</i>	<i>G</i>	<i>dark bay</i>

NAME OF LABORATORY, ADDRESS AND PHONE NUMBER:

TESTED BY:

[Signature]

TEST TYPE, KIT MFR, RESULTS AND DATE REPORTED:



Test Kit serial number: **P181005-002**

White - Owner or Agent Yellow - Veterinarian

Pink - Laboratory

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