



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. RR19-5796

Owner Data

Veterinarian

Name: Debbie Grier  
Address: 7895 TATES CREEK Rd  
Lexington, KY 40515  
County: Fayette Premises ID #: \_\_\_\_\_  
Date Sample Drawn: 6/5/19

Name: Erin Lohbeck DVM Accr. Code: 85732  
Address: RREH- P.O. Box 12070  
Lexington, KY 40580  
Premises ID #: \_\_\_\_\_

FORM MUST BE COMPLETE & LEGIBLE  
Please Print or Type

Tube #	Name of Horse	Age	Sex - check one	Breed	Color
	<u>CIMARRON</u>	<u>2014</u>	<input type="checkbox"/> Female <input type="checkbox"/> Intact Male <input checked="" type="checkbox"/> Gelding	<u>QH/ Pony</u>	<u>Red Roan</u>
Description or Animal ID					Description or Animal ID
<u>STAR</u>					<u>X=Whorls</u>
<u>RH Sock</u>					
<u>LH Fetlock</u>					

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: [Signature]

Laboratory Use Only

Laboratory Rood & Riddle Equine Hospital  
Lexington, KY 40511  
Technician [Signature] (859) 233-0371

Results Negative - AGID  
Date Reported 6-7-19

REMARKS or Order of Quarantine #: