



EQUINE INFECTIOUS ANEMIA LABORATORY TEST

This document contains all data fields as found on federal form VS 10-11. Forms without adequate descriptions of the horse and complete addresses including zip codes, counties, and telephone numbers will not be processed.

Accession Number: 20EE0881	Date Blood Drawn: Apr 7, 2020	Reason for Testing: Interstate Movement	Test Requested by Veterinarian: ELISA
Name & Address of Owner: Keizer Equestrian (Angela Kerr) 2828 Zee Ln Keizer, Oregon 97303 Phone: (971) 304-5258		Location of Equine at Blood Draw: Keizer Equestrian (Angela Kerr) 2828 Zee Ln Keizer, Oregon 97303 Phone: (971) 304-5258 County: Marion	Name & Address of Veterinarian: Michael Stewart P.O. Box 409 Silverton, Oregon 97381 Phone: 503 967 4404 NAN: 062824

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

Veterinarian Signature:

Signature Date:

Apr 7, 2020

HORSE INFORMATION

Tube No:	Name of Animal: Zee Perfect Champ	Microchip, Breed, or Registration Number: 981020033090471		
Color: Black	Breed (or species if not a horse): TB	Age: 1Y	Sex: M	Tag/Tattoo/Brand Number:



Head: Star, Strip Snip	Neck and Body: None
Left Forelimb: Pastern	Right Forelimb: None
Left Hindlimb: Pastern	Right Hindlimb: Pastern

LABORATORY INFORMATION

Technician: Shannon Coulombe	Date Sample Received: 4/8/2020	Date Results Reported: 4/8/2020	Official Test Result: Negative	Test Type Used: ELISA - VMRD
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Remarks:

EIA Laboratory Name and Address: ODA Animal Health Lab Salem, Oregon	Signature of NVSL - Approved EIA Technician:
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Notice to Document Inspectors: This official document was authorized in agreement with the Oregon State Veterinarian and issuing Veterinarian