



KENTUCKY DEPARTMENT OF AGRICULTURE
A Consumer Protection And Service Agency

Office of the State Veterinarian • Division of Animal Health • www.kyagr.com
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EQUINE VIRAL ARTERITIS TEST

CASE NO. XII 33181

Owner Liberty Farm

Ref. Vet. Connie Brown DVM Code No. C62

Address Midway Ky

Address po box 414 Versailles Ky 40383

Bred to _____ at _____ Farm on _____ (date)

Date sample drawn 12/24/11 Test conducted by _____

Vaccination: YES NO Date _____ Date Reported _____

Signature _____

ANIMAL INFORMATION - Please Print or Type - ONE ANIMAL PER CERTIFICATE

TUBE NO.	NAME OF HORSE	AGE	SEX - Check One	BREED	IDENTIFYING MARKINGS	LAB RESULTS
	<u>Invite the Artist</u>	<u>3</u>	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Intact Male <input type="checkbox"/> Gelding	<u>pt</u>	<u>Tobiano Bay</u>	

I personally collected blood samples from the horse listed and described above.

Circle one: SALE SHOW RACING EXPORT PREVACC
Other _____

Connie Brown DVM
Signature of Veterinarian