

Accession No. / Date

STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE & MARKETS
BUILDING 8, STATE CAMPUS
ALBANY, NEW YORK 12235

STALLIONS ONLY
EQUINE ARTERITIS VIRUS TEST RECORD

Print name and address legibly for window envelope use

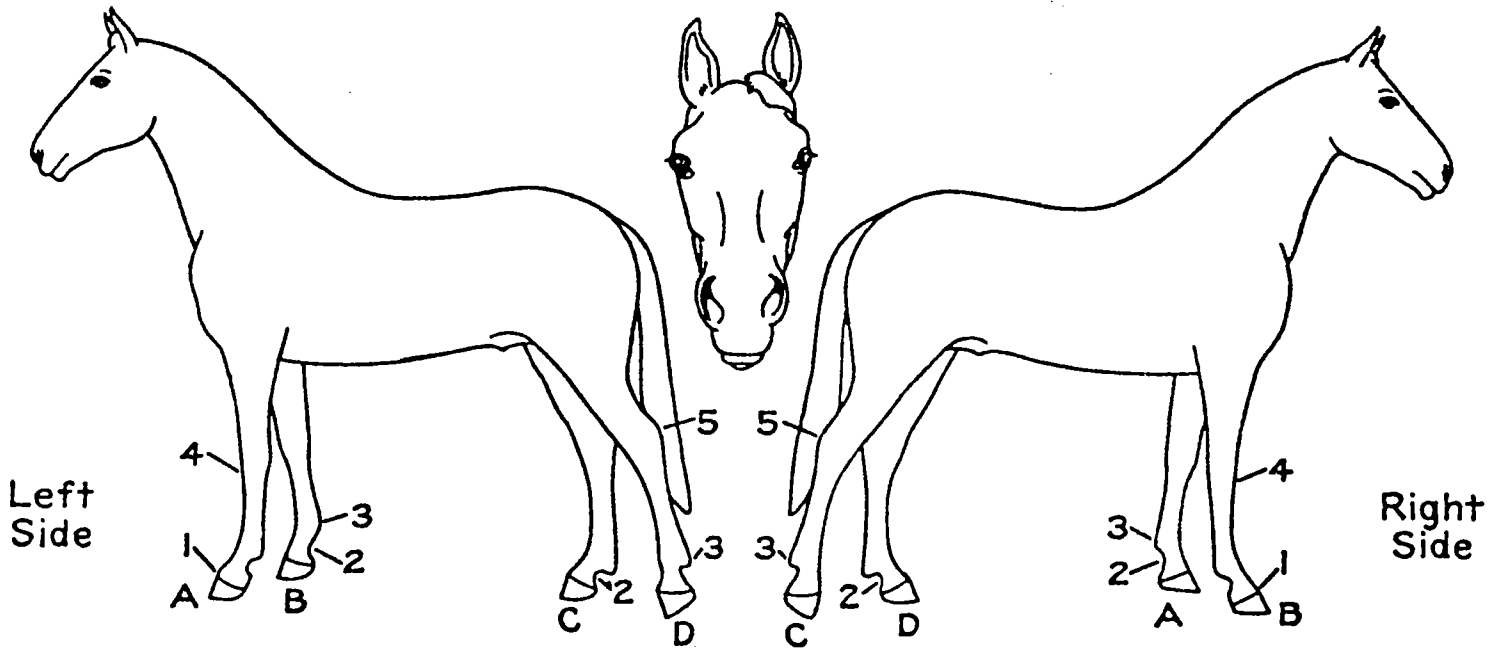
Dr. _____

Address _____

City _____ State _____ Zip _____

Owner	
Address	
Zip	
Horse(s) Stabled At	
Address	
County	Town
I hereby certify that the blood specimen submitted with this form was drawn by me from the horse described below on the date indicated.	
Date	Signature

OFFICIAL TAG NO.	TATTOO NUMBER	NAME	REG. NO. COLOR	BREED	SEX*	AGE



Remarks _____

- A-Left or near fore leg
- B-Right or off fore leg
- C-Right or off hind leg
- D-Left or near hind leg

- 1. Coronet
- 2. Pastern
- 3. Fetlock
- 4. Knee
- 5. Hock

*M - Mare
 S - Stallion
 G - Gelding

Remarks _____

LAB USE ONLY

Lab	By	Date	Test Result
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Remarks