



AL _____ GA _____ MS _____ SC _____ WV _____
 AR _____ KY _____ NC _____ TN _____
 FL _____ LA _____ OK _____ VA _____

HORSE IDENTIFICATION			
NAME	AGE	BREED	BRAND INSPECTION CERTIF. NO.
	SEX	COLOR	



EIA TEST INFORMATION: This form may be used as official EIA test chart. *(NOT for international shipments)*

Date Drawn _____ Test Type _____
 Date Rec'd at Lab _____ Cert. # _____
 Date Read _____ Accession # _____
 Lab Name _____ Lab Location _____
 Test Result _____ Technician _____

OCVI INFORMATION: Cert. # _____ Cert. Creation Date _____

OWNER INFORMATION:

Name _____
 Mailing Address _____

 City _____
 State _____ Zip _____
 Phone _____
 Horse stabled at:

 Premises # _____

VETERINARIAN INFORMATION:

Examining Veterinarian _____
 Clinic Name _____
 City _____
 State _____ Zip _____
 Clinic Phone _____
 Date Examined _____
 Federal Accreditation # _____
 State License # _____
 Remarks _____

I hereby certify that this is a correct record of blood sample taken by me. The horse identified above has been examined by me and found to be free from evidence of infectious or communicable disease.

SIGNATURE OF ACCREDITED VETERINARIAN

OFFICE OF THE STATE VETERINARIAN