



Kentucky Department of Agriculture • Office of the State Veterinarian

# CONTAGIOUS EQUINE METRITIS CF TEST

109 Corporate Drive, Frankfort, KY 40601 • [www.kyagr.com](http://www.kyagr.com)



Accession No. \_\_\_\_\_

Form must be **COMPLETE**

Owner/Agent \_\_\_\_\_ Veterinarian \_\_\_\_\_ Acc. # \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Date Sample Drawn \_\_\_\_\_

Tube #	Name of Horse	Age	Sex	Breed	Tag, Tattoo, or Color
_____	_____	_____	_____	_____	_____

Reason for Test: **PRE-BREEDING** **POST-BREEDING \*** **EXPORT** **OTHER** \_\_\_\_\_

\* **FIRST** **SECOND** **THIRD** after imported mare \_\_\_\_\_

Bred \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
*(date)* *(stallion)* *(breeding shed/farm)*

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

Signature of Veterinarian \_\_\_\_\_ Printed Name \_\_\_\_\_

<b>LABORATORY USE ONLY</b>	
Laboratory _____	Results _____
Technician _____	Date _____

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_