



Animal *Health* Trust



THE  
THOROUGHBRED  
BREEDERS'  
ASSOCIATION

## Post-Artervac Monitoring Sample

<b>Animal Name</b>	
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<b>AHT ID:</b>	
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<b>Stud / Owner</b>	
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<b>Date Sampled</b>	
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<b>Veterinary Surgeon</b>	
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<b>Date of last Artervac EVA vaccination</b>

<b>Veterinary Practice</b>	
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<b>Additional Information</b>

<b>Telephone No</b>	
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<b>Email address</b>	
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<b>FOR LAB USE ONLY</b>
<b>Opened by:</b>
<b>Time received:</b>
<b>Date received:</b>