Virginia Department of Agriculture & Consumer Services Office of Veterinary Services P. O. Box 1163 Richmond, VA 23218 804-786-2483 Send original form to appropriate Regional Office 			EQUINE EVENT DENIED ENTRY REPORT		
Date c	f Event:	Na	ame of Event:		
Location of Event:					
I hereby certify that the below listed equidae were denied entry into this event because of improper, falsified, or no report of an official negative test for equine infectious anemia.					
			Address (City, State, Zip)		
Signature - Sale/Show Chairman/Manager Address (City, State, Zip) EQUIDAE DENIED ENTRY					
No.	Name of Owner		Address	Equidae Name	Reason
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