

US Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 505.16)	Serial No. 141135LH	1. Accession Number 221784	2. Date Blood Drawn 03/09/16
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Forms Without Adequate Descriptions of the Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. Reason for Testing Annual <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. Name and Address of Stable/Market (Please print or type) Breanne Mayor	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 019692	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID
		Zip Code 20650	
		County St Marys	
8. Name and Address of Owner (Please print or type) Breanne Mayor		9. Name and Address of Veterinarian (Please print or type) Linda Roe Miller VMD	
[Redacted] [Redacted] [Redacted]		PO Box 235	
Zip Code 20650		Chaptico, MD	
County [Redacted]		Zip Code 20621	
		Tel No. (301)884-5141	
		County St Marys	

**Certification of Federally Accredited Veterinarian**

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. Signature of Federally Accredited Veterinarian <i>Linda Roe Miller VMD</i>	11. Type or Print Signature Name Linda Roe Miller VMD	12. Signature Date 03/13/2016
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**Certification of Owner or Owner's Agent**

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. Signature of Owner or Owner's Agent	14. Type or Print Signature Name	15. Signature Date
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Kingslands Empire	20. Color Dark Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 01/01/2000	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



**Narrative Description and Remarks**

25. Head Star	26. Other Marks and Brands
27. Left Forelimb	28. Right Forelimb
29. Left Hindlimb	30. Right Hindlimb

**For Laboratory Use Only**

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 03/12/16	33. Date Reported Out 03/13/16	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. Signature of Technician <i>Susan Fowler</i>		36. Remarks

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).