

See reverse for more OMB information

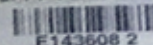
FORM APPROVED - OMB NUMBER 0579 - 0127

 UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
 (VS Memorandum 555.16)

SERIAL NO.

T 0133589

1. ACCESSION NUMBER



E143608 2

2. DATE BLOOD DRAWN

1/5/17

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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Camden Hunter Barn 878 Red Fox Rd. Camden, SC Tel No. _____ ZIP Code 29020	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 1939-SC	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Lisa Dye 213 Tealight Lane Cary, NC Tel No. _____ ZIP Code 27513 County _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Nicole Swinehart, DVM 500-C Dickey Ford Rd. Camden, SC Tel No. 803-432-0652 ZIP Code 29020 County Kershaw	

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.

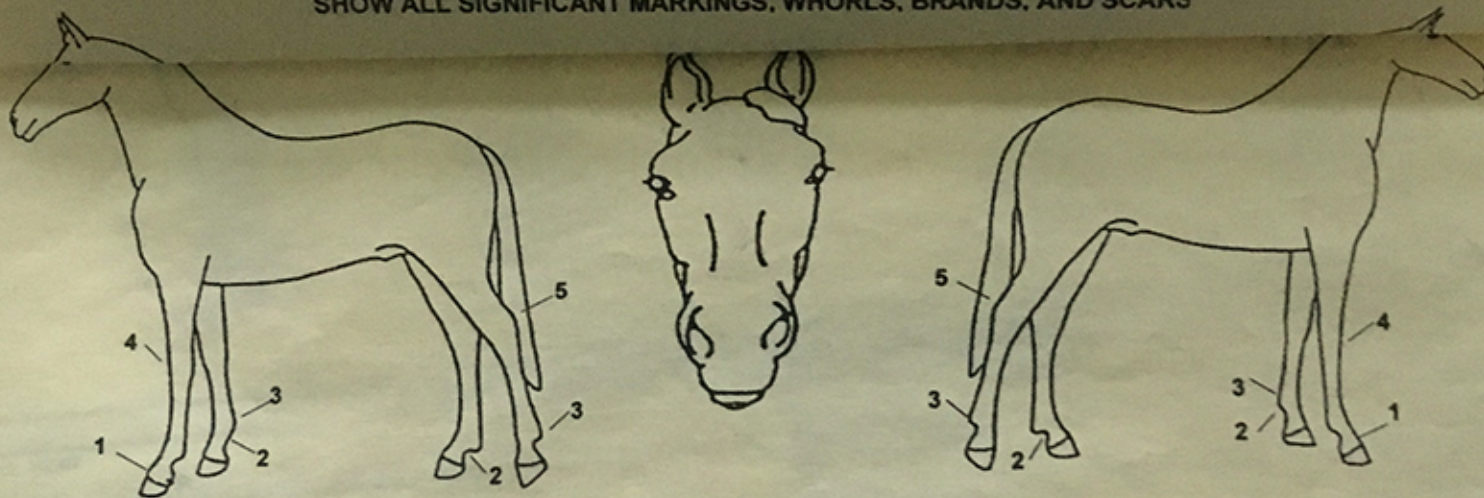
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME Nicole Swinehart, DVM	12. SIGNATURE DATE 1/9/17
--	---	------------------------------

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	
16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse JACK	20. Color Gray	21. Breed Welsh
				22. Electronic I.D. No.	23. Age or DOB 2006
				24. Sex G	M - Male F - Female G - Gelding SF - Spayed Female

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD none	26. OTHER MARKS AND BRANDS none
27. LEFT FORELIMB none	28. RIGHT FORELIMB none
29. LEFT HINDLIMB none	30. RIGHT HINDLIMB none

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE IDEXX Laboratories 6700 East Shelby Dr. Memphis, TN 38141	32. DATE RECEIVED 1/12/17	33. DATE REPORTED OUT 1/12/17	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN <i>[Signature]</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).