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| U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555,16) | Serial No. | 1. Accession Number | 2. Date Blood Drawn |
| | 586882 | W1714801 | 03/24/2017 |

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"/> Market <input type="checkbox"/> Annual Change of Ownership | <input type="checkbox"/> Show <input type="checkbox"/> Retest | <input type="checkbox"/> First Test <input type="checkbox"/> Export | 7. Name and Address or Stable/Market (Please print or type) Sleipnir Stables |
| 4. Geographic Information Systems (GIS) Lat: -- Long: -- | 5. Veterinary License or Accreditation No. 0301001639 | 6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID | | 9062 Meetze Rd Warrenton, VA Zip Code 20187 Tel No. (703) 785-0999 County Fauquier |
| 8. Name and Address of Owner (Please print or type) Courtney's Pet and Equine Services 8615 Hampton Way Fairfax Station, VA Zip Code 22039 Tel No. (703) 517-1888 County Fairfax | | 9. Name and Address of Veterinarian (Please print or type) Melvin W. Myers 2528 Number Ten Lane Chesapeake, VA Zip Code 23323 Tel No. (757) 558-1400 County Chesapeake | | |

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 | 11. Type or Print Signature Name Melvin W. Myers | 12. Signature Date 03/24/2017 |
|--|--|---|

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. 3 | 17. Official Tag No. -- | 18. Tattoo/Brand -- | 19. Name of Horse Vanina MBF | 20. Color Bay | 21. Breed Holsteiner | 22. Electronic I.D. No. -- | 23. Age or DOB 12 years | 24. Sex F | M - Male F - Female G - Gelding N - Neuter |
|--------------------------|-----------------------------------|-------------------------------|--|-------------------------|--------------------------------|--------------------------------------|-----------------------------------|---------------------|---|

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

| | |
|-----------------------------------|--|
| 25. Head Star and Strip | 26. Other Marks and Brands Ermine spots |
| 27. Left Forelimb Half Pastern | 28. Right Forelimb -- |
| 29. Left Hindlimb Pastern | 30. Right Hindlimb Half Pastern |

For Laboratory Use Only

| | | | |
|---|--|--|--|
| 31. Laboratory Name/City/State VA Dept. of Agr., Warrenton Regional A Warrenton, VA | 32. Date Received 03/27/2017 | 33. Date Reported Out 03/29/2017 | 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 Gashaw Tessema Vet. Serologist | | 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 100).