

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

SERIAL NO. **T 0523575** 1. ACCESSION NUMBER **E1602419** 2. DATE BLOOD DRAWN **3/25/16**

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 checked="" 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) Stano AS OWNER		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 002161	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		ZIP Code
8. NAME AND ADDRESS OF OWNER (Please print or type) Lynette Rataj 1924 S. Eight Eight Rd. Greensboro, Pa ZIP Code 15338			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Colodenna Holsted 370 Laurel Rd Cambridge, PA ZIP Code 15320		
Tel No.		County Greene	Tel No. 724 966 8103		County Greene

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.

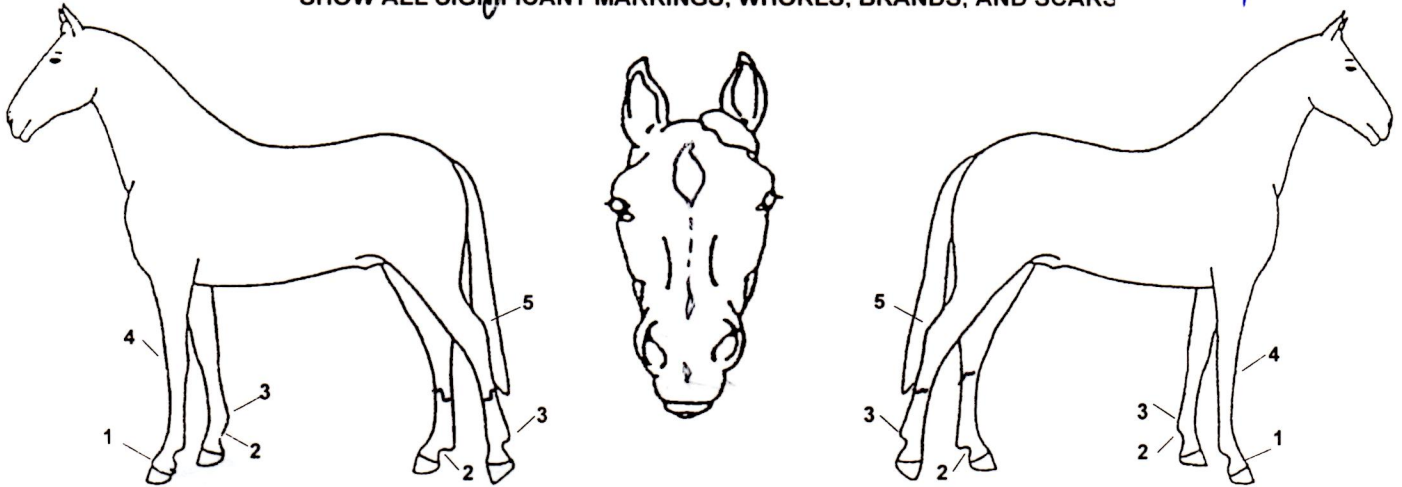
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>		11. TYPE OR PRINT SIGNATURE NAME Colodenna Holsted		12. SIGNATURE DATE 3/25/16	
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>[Signature]</i>				14. TYPE OR PRINT SIGNATURE NAME Lynette Rataj			15. SIGNATURE DATE 3/25/16			
16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Mina Marguis		20. Color Chestnut Warm Blood	21. Breed	22. Electronic I.D. No.	23. Age or DOB 11y	24. Sex F	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 Star Broken Stripe snap		26. OTHER MARKS AND BRANDS None	
27. LEFT FORELIMB None		28. RIGHT FORELIMB None	
29. LEFT HINDLIMB Socks		30. RIGHT HINDLIMB Socks	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE USDA/APHIS/VS/ANL/17110-5		32. DATE RECEIVED 3-31-16	33. DATE REPORTED OUT 4-1-2016	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>[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).