

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

SERIAL NO. **T1500614** 1A ACCESSION NUMBER **82193784** 2. DATE BLOOD DRAWN **4-12-16**

**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 type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>NORTH CREST EQUESTRIAN</b> <b>31935 WALKER ROAD</b> <b>AVONLAKE OH</b> ZIP Code <b>44012</b> Tel No. _____ County <b>LOMAIN</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>10792/075620</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>JULIE TAYLOR</b> <b>31935 WALKER ROAD</b> <b>AVON LAKE OH</b> ZIP Code <b>44012</b> Tel No. _____ County _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>HOLLY SNYDER DVM</b> <b>3340 WEBB ROAD</b> <b>RAVENNA, OH</b> ZIP Code <b>44266</b> Tel No. <b>330-422-0040</b> County <b>PORTAGE</b>	

**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.

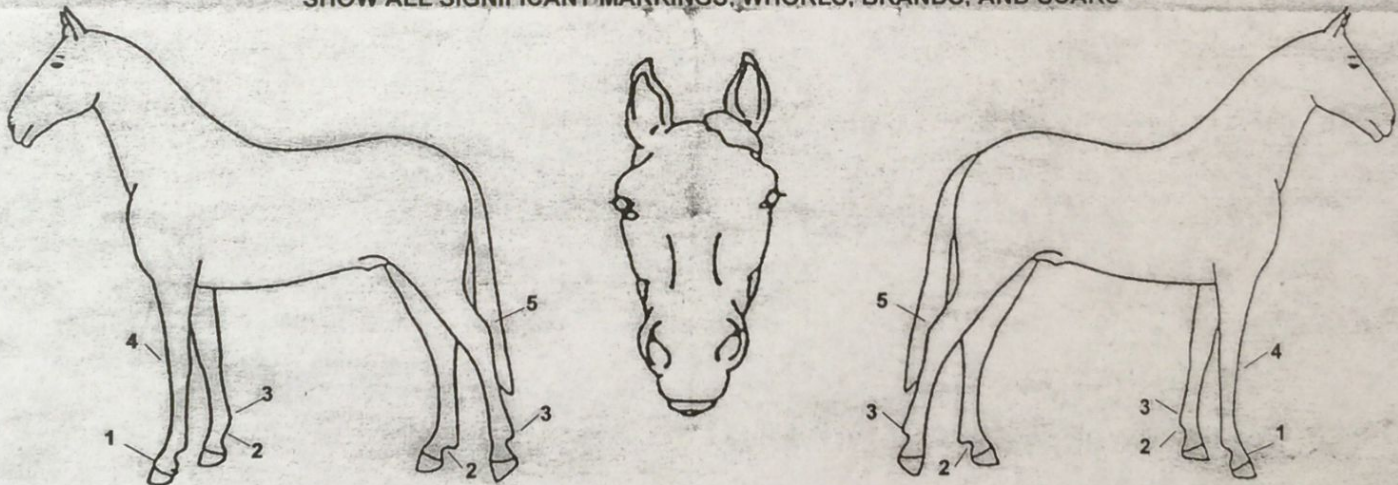
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME <b>HOLLY K. SNYDER</b>	12. SIGNATURE DATE <b>4-12-16</b>
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**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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	
16. Tube No. <b>500</b>	17. Official Tag	18. Tattoo/Brand	19. Name of Horse <b>"LAYLA"</b> <b>LADY LEDA</b>	20. Color <b>BAY</b>	21. Breed <b>WB</b>
		22. Electronic I.D. No.	23. Age or DOB <b>8yr</b>	24. Sex <b>MALE</b>	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	26. OTHER MARKS AND BRANDS <b>NO WHITE MARKINGS</b>
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>Marshfield Labs. Cleveland</b> <b>15473 Neo Parkway</b> <b>Cleveland, OH 44128</b>	32. DATE RECEIVED <b>4/11/16</b>	33. DATE REPORTED OUT <b>4/11/16</b>	34. TEST RESULTS <input checked="" 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).