

NYCH0013741 8

YR 2017  
MAN

DEPARTMENT OF AGRICULTURE  
HEALTH INSPECTION SERVICE  
ANEMIA LABORATORY TEST  
(Memorandum 555.16)

SERIAL NO.  
U 216087

1. ACCESSION NUMBER  
2. DATE BLOOD DRAWN  
3/16/17

PERFORM ALL TESTS ON ALL JOINT FLUIDS  
MASEK BROWN, KATY  
DVM ID: 50897  
810/27217-61377

INV: 1SS

Date 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"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>Same</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>8602</i>		6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>Katy Brown Masek</i> <i>7673 Old Carters Mill</i> <i>Marshall, VA</i>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>Paul Diehl / Piedmont Equine Practice</i> <i>4122 Zullk Road</i> <i>The Plains VA</i>		
Tel No.		ZIP Code <i>20115</i>		County <i>Augusta</i>	
Tel No.		ZIP Code <i>20198</i>		County <i>Augusta</i>	

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>Paul Diehl</i>		11. TYPE OR PRINT SIGNATURE NAME <i>Paul Diehl, DVM</i>		12. SIGNATURE DATE <i>3/16/17</i>	
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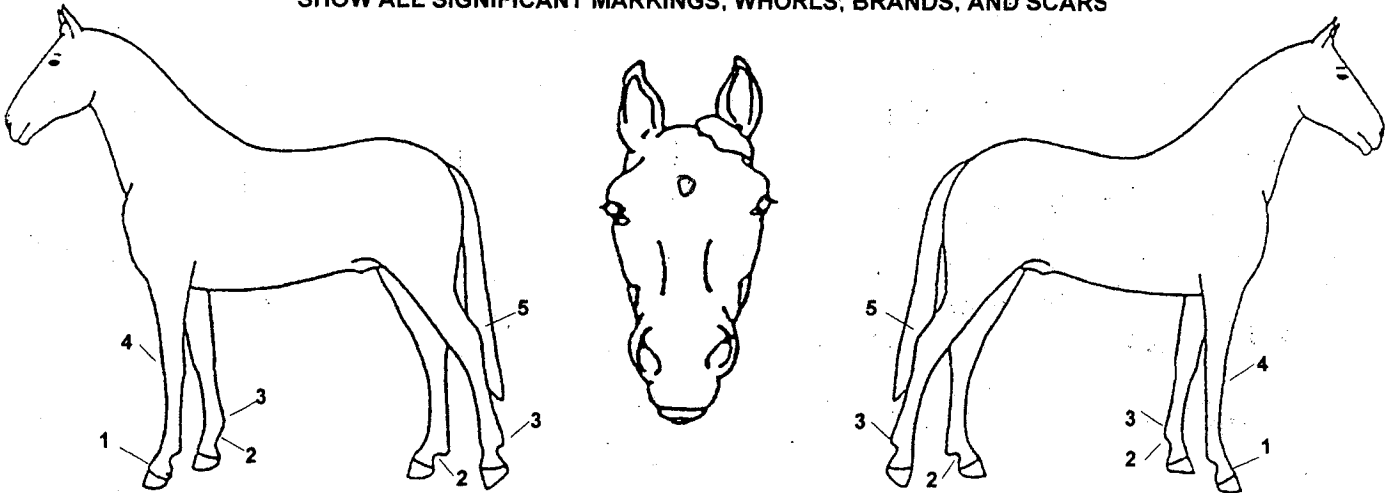
CERTIFICATION OF OWNER OR OWNER'S AGENT

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	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
			<i>Shimmer</i>	<i>bay</i>	<i>NB x TB</i>		<i>11</i>	<i>Fe</i>	

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	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ANTECH DIAGNOSTICS 1111 MARCUS AVE. SUITE M28 LAKE SUCCESS, NY 11042 PHONE: 404-367-8344</i>		32. DATE RECEIVED <i>3-16-17</i>		33. DATE REPORTED OUT <i>3-18-17</i>		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 <i>TO EMAIL TO: kailua-farm@aol.com</i>			

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).