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14 MAR 2017

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 1404552	2017007326	DATE BLOOD DRAWN 3/13/17
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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) Bret Knievel 84796 556 Ave. Norfolk, NE ZIP Code 68701 Tel No. 308-430-2240 County Madison	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 2847	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Heartland Vet Clinic 83931 546 1/2 Ave. Battle Creek, NE ZIP Code 68715 Tel No. 402-675-5300 County Madison
8. NAME AND ADDRESS OF OWNER (Please print or type) Bret Knievel 84796 556 Ave. Norfolk, NE ZIP Code 68701 Tel No. 308-430-2240 County Madison		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Heartland Vet Clinic 83931 546 1/2 Ave. Battle Creek, NE ZIP Code 68715 Tel No. 402-675-5300 County Madison	

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>Christopher L. Lunt</i>	11. TYPE OR PRINT SIGNATURE NAME CHRISTOPHER L. LUNT	12. SIGNATURE DATE 3-13-17
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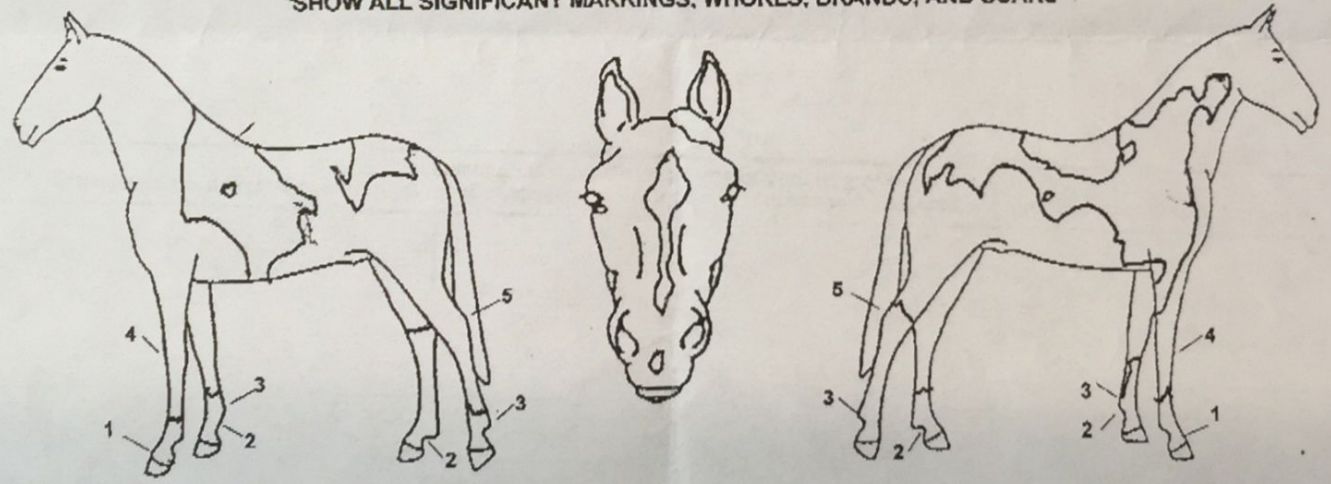
CERTIFICATION OF OWNER OR OWNER'S AGENT

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>Bret Knievel</i>	14. TYPE OR PRINT SIGNATURE NAME Bret Knievel	15. SIGNATURE DATE 3-13-17
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16. Tube No. 1	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Peggy Sue	20. Color Black/White Paint	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 12 yrs	24. Sex F	M - Male F - Female G - Gelding SF - Spayed Female
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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, snip, strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sock	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Socks

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE VDC UNL	32. DATE RECEIVED 14 Mar 2017	33. DATE REPORTED OUT 14 Mar 2017	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).