

See reverse for more OMB information.

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.

U 003337

1. ACCESSION NUMBER

1611724

2. DATE BLOOD DRAWN

9/28/16

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

- Market
- Change of Ownership
- Show
- First Test
- Retest
- Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Bonz Everting Team

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

8222

6. TEST TYPE

- ELISA
- AGID

Tel No.

352 551 4522

ZIP Code

34737

County

Lake

8. NAME AND ADDRESS OF OWNER (Please print or type)

Heather Need

23130 SE 19

Howey FL

ZIP Code

34737

County

Lake

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Dr. David R. Malone Jr.

1214 Lewis Rd.

Loosburg FL

ZIP Code

34748

Tel No.

352-311-3838

County

Lake

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

[Signature]

11. TYPE OR PRINT SIGNATURE NAME

Dr. David R. Malone Jr.

12. SIGNATURE DATE

9/28/16

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

[Signature]

14. TYPE OR PRINT SIGNATURE NAME

Heather Need

15. SIGNATURE DATE

9-28-16

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
19			Sugarbrook Family Blue Bay		Welsh X			5yr F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

what she shape

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

Pastern

30. RIGHT HINDLIMB

Pastern

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

ISSUE, FL.
OF AG & CONS SERV

32. DATE RECEIVED

09/28/16

33. DATE REPORTED OUT

10/03/16

34. TEST RESULTS

- Negative
- Positive
- AGID
- ELISA

35. SIGNATURE OF TECHNICIAN

TA

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 1007).