

US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 173739LH	1. Accession Number 255870	2. Date Blood Drawn 10/12/16
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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"/> Annual <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. Name and Address of Stable/Market (Please print or type) Little Ripple Farm	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 005387	
6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		North Street Manorville, NY Tel No. 631-513-6159 Zip Code 11949 County Suffolk	
8. Name and Address of Owner (Please print or type) Little Ripple Farm North Street Manorville, NY Tel No. 631-513-6159 County Suffolk		9. Name and Address of Veterinarian (Please print or type) Dennis Farrell D.V.M. 69 Wading River Hollow Road Ridge, NY Tel No. (631)209-0200 Zip Code 11961 County Suffolk	

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>Dennis Farrell D.V.M.</i>	11. Type or Print Signature Name Dennis Farrell D.V.M.	12. Signature Date 10/20/2016
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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 No.	18. Tattoo/Brand	19. Name of Horse James Bond	20. Color Bay	21. Breed Welsh x	22. Electronic I.D. No.	23. Age or DOB 01/01/2000	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



25. Head Star		Narrative Description and Remarks	
27. Left Forelimb		26. Other Marks and Brands	
29. Left Hindlimb Sock		28. Right Forelimb	
		30. Right Hindlimb Sock	
31. Laboratory Name/City/State Larch Hill Laboratory Earville, NY		For Laboratory Use Only	
32. Date Received 10/20/16		33. Date Reported Out 10/20/16	
35. Signature of Technician <i>Susan Fowler</i>		34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
		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).