

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 505.10)

SERIAL NO. **T1814978**  
1. ACCESSION NUMBER **16W3K-42**  
2. DATE BLOOD DRAWN **3-4-17**

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>Barbara Briggs</b> <b>1615 E Rd</b> <b>Loxahatchee Fl</b> ZIP Code <b>33470</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>003400</b>	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>Declan Owen</b> <b>13833 Wellington Trace</b> <b>Wellington Fl</b> ZIP Code <b>33414</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>JORDAN LEWIS, DVM</b> <b>13125 SOUTHFIELDS ROAD</b> <b>WELLINGTON, FL</b> ZIP Code <b>33414</b>	
Tel No. _____ County _____		Tel No. <b>(561) 793-1599</b> County <b>FALM BEACH</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>JORDAN LEWIS, DVM</b>	12. SIGNATURE DATE <b>3-4-17</b>
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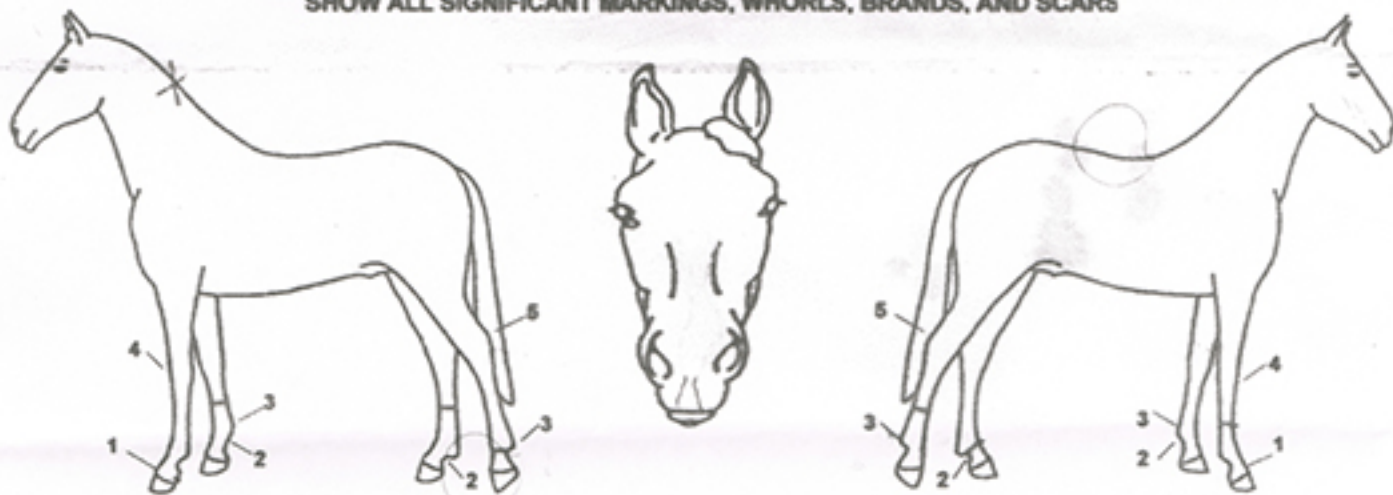
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 <i>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME <b>SUE GRUBER</b>	15. SIGNATURE DATE <b>3-4-17</b>
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse <b>Johnston</b>	20. Color <b>chex</b>	21. Breed <b>Pony</b>	22. Electronic I.D. No.	23. Age or DOB <b>6</b>	24. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

26. HEAD <b>median whorl, star, stripe, snip</b>		28. OTHER MARKS AND BRANDS <b>mid crest whorl @ neck</b>	
27. LEFT FORELIMS <b>NIL</b>		29. RIGHT FORELIMS <b>white to mid cannon</b>	
29. LEFT HINDLIMS <b>white to Pastern</b>		30. RIGHT HINDLIMS <b>white to mid cannon</b>	

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>ON TRACK LAB LAKE WORTH, FL</b>	32. DATE RECEIVED <b>3-5-17</b>	33. DATE REPORTED OUT <b>3-5-17</b>	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	

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).