

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555.16)

SERIAL NO.

T 0802187

1. ACCESSION NUMBER

SHR170185

2. DATE BLOOD DRAWN

5-2-17

**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"/> Retest <input type="checkbox"/> Export <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Hunter Ridge Ashaway RI		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. RI 299	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		ZIP Code
8. NAME AND ADDRESS OF OWNER (Please print or type) Amy Aspin 794377 E Backline Freshton, ON			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) SARAH HOAN REYNOLDS, DVM 1762 GAR Hwy SWANSEA, MA		
Tel No.		County	Tel No.		County

**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>Sarah E. Reynolds, DVM</i>		11. TYPE OR PRINT SIGNATURE NAME SARAH E. REYNOLDS, DVM		12. SIGNATURE DATE 5-2-17	
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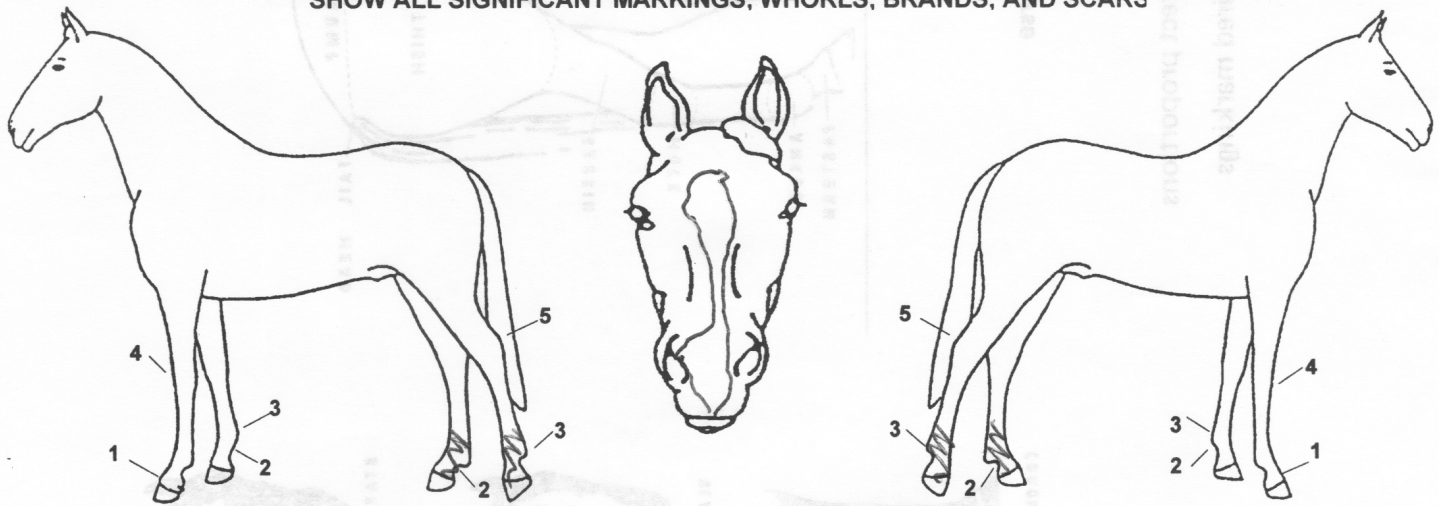
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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		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
			Touch of Gold	Chest	Welsh		10yo	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 Star, strip, snip		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB Sock		30. RIGHT HINDLIMB Sock	

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE New England Horse Labs 7 Lenora Street Worcester, MA 01607 USDA Lab# 3806		32. DATE RECEIVED 5/10/2017	33. DATE REPORTED OUT 5/10/2017	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>J. Stank</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).