

US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 177816LH	1. Accession Number 259903	2. Date Blood Drawn 01/02/17
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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 Annual <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Show <input type="checkbox"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) Way Farm	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 012539	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		2009 Harris Road Penfield, NY Zip Code 14526 Tel No. 585-872-0395 County Monroe
8. Name and Address of Owner (Please print or type) Cara Torcello 11 New London Rd Pittsford, NY Zip Code 14534 Tel No. 585-259-2205 County			9. Name and Address of Veterinarian (Please print or type) Ana Pacheco 925 Chili-Scottsville Road Scottsville, NY Zip Code 14546 Tel No. (585)889-1170 County Monroe		

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>Ana Pacheco</i>	11. Type or Print Signature Name Ana Pacheco	12. Signature Date 01/06/2017
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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. 21	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Chatham	20. Color Bay	21. Breed Dutch Warmblood	22. Electronic I.D. No.	23. Age or DOB 01/01/2010	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Star/Snip Whorl on Forehead	26. Other Marks and Brands Whorl R Neck
27. Left Forelimb Pastern	28. Right Forelimb Pastern
29. Left Hindlimb Fetlock	30. Right Hindlimb Fetlock

For Laboratory Use Only

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 01/05/17	33. Date Reported Out 01/06/17	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>Susan Fowler</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).