

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

SERIAL NO. U 667432	1. ACCESSION NUMBER 17x004526	2. DATE BLOOD DRAWN 6/6/17
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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 <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) same as #8		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. VM8602/NANO26556		6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Lauren Kellar 3451 SF 186th Ave Morriston, FL			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Nathan R. Mitts 4747 SW 60th Ave Ocala, FL		
Tel No.		County		Tel No.	
		Levy		352-237-6151	
		32696		34474	
		Levy		Marion	

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 Nathan R. Mitts	12. SIGNATURE DATE 6/6/17
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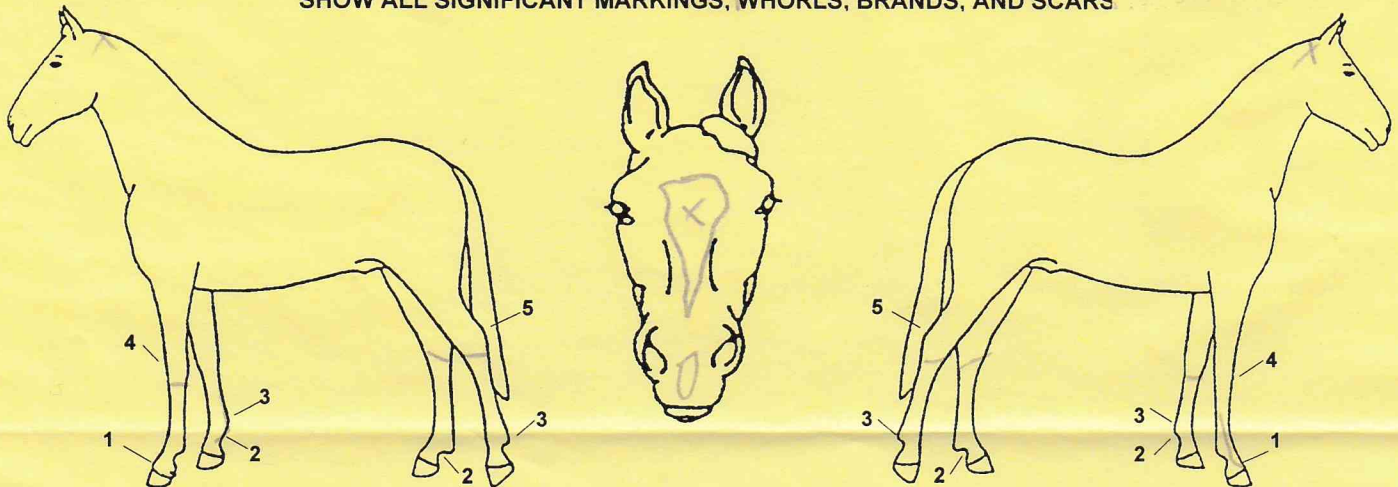
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No. 3	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Goldfish	20. Color Dark Bay	21. Breed Welsh	22. Electronic I.D. No.	23. Age or DOB 7001	24. Sex G	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Star shape snip whorl</i>	26. OTHER MARKS AND BRANDS <i>whorls @ poll</i>
27. LEFT FORELIMB <i>Staking</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Staking</i>	30. RIGHT HINDLIMB <i>Staking</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Mid-Florida Veterinary Lab Ocala, FL 34474	32. DATE RECEIVED 6/7/17	33. DATE REPORTED OUT 6/8/17	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN Melissa Carlson		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).