

U.S. Department of Agriculture  
Animal and Plant Health Inspection Service  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 565.16)

Form Approved - CMS Number 0579-0127

Serial No.

**566626**

1. Accession Number

A17-22962

2. Date Blood Drawn

01/22/2017

3. Reason for Testing

Market  
 Annual Change of Ownership

Show Retest

First Test Export

Forms without adequate descriptions of the horse and complete addresses (including zip codes, counties, and telephone numbers) will not be processed.

4. Geographic Information Systems (GIS)

Lat: --  
Long: --

5. Veterinary License or Accreditation No.  
VET007858

6. Test Type

ELISA  
 AGID

7. Name and Address or Stable/Market (Please print or type)

Amber Hill Farm

6402 Georgia 254

Cleveland, GA

Zip Code 30528

Tel No. (706) 969-2920

County White

8. Name and Address of Owner (Please print or type)

Amber Hill Farm

6402 Georgia 254

Cleveland, GA

Zip Code 30528

Tel No. (706) 969-2920

County White

9. Name and Address of Veterinarian (Please print or type)

Jarod L. Eddy

P.O. Box 99

Braselton, GA

Zip Code 30517

Tel No. (770) 534-8121

County Jackson

**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

*J. Eddy, DVM*

11. Type or Print Signature Name

Jarod L. Eddy

12. Signature Date

01/22/2017

**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

16. Tube No.	17. Official Tag No.	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 N - Neuter
chaccoz ar	--	--	Call Name: Chaccozar	Gray	Warmblood	--	04/19/2010	G	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



**Narrative Description and Remarks**

25. Head	--	26. Other Marks and Brands	--
27. Left Forelimb	--	28. Right Forelimb	--
29. Left Hindlimb	--	30. Right Hindlimb	--

**For Laboratory Use Only**

1. Laboratory Name/City/State Athens Diagnostic Laboratory, College Athens, GA	32. Date Received 01/23/2017	33. Date Reported Out 01/23/2017	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 Jillian Fishburn Laboratory Manager II		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 100).