

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

SERIAL NO.

T 1392692

1. ACCESSION NUMBER

W1719418

2. DATE BLOOD  
DRAWN

4-2-17

**Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.**

REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Relest <input type="checkbox"/> Export <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Ketterman 19190 Silkott Springs Rd. Purcellville VA ZIP Code 20132 Tel No. 540-338-3535 County Loudoun	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1013044637	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) McClintic 36860 North Fork Rd. ZIP Code Purcellville, VA 20132 Tel No. 540-338-9131 County Loudoun		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Leesburg Vet Hosp. 19463 James Monroe Hwy. Leesburg, VA ZIP Code 20175 Tel No. 703-777-3313 County Loudoun	

**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	11. TYPE OR PRINT SIGNATURE NAME J.M. Strickland	12. SIGNATURE DATE 4-2-17
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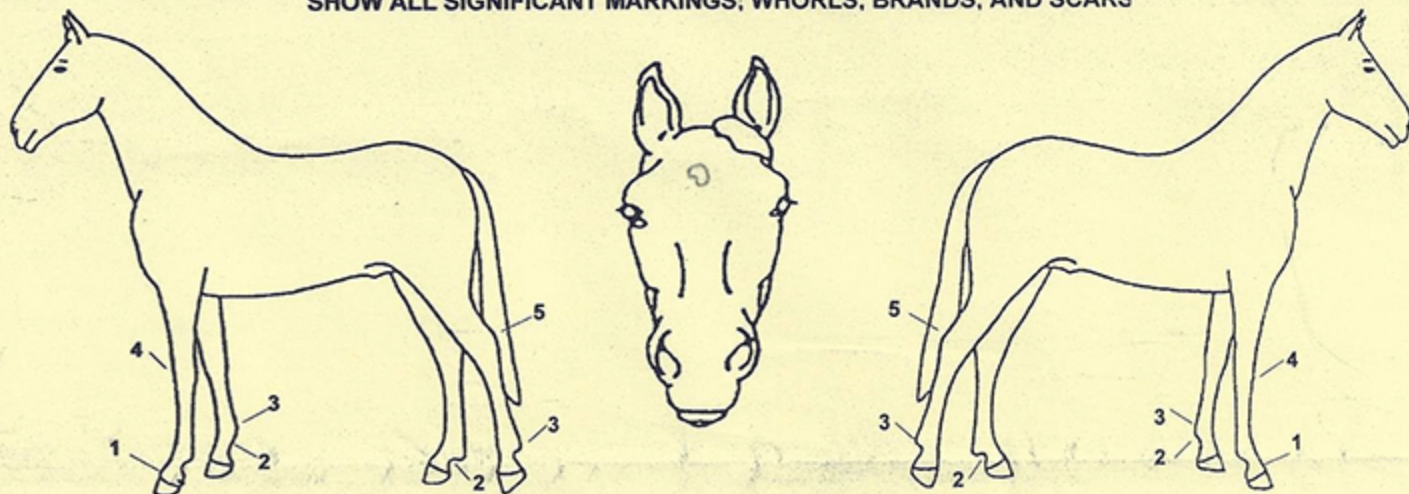
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 Jacklyn A. McClintic	14. TYPE OR PRINT SIGNATURE NAME Jacklyn A. McClintic	15. SIGNATURE DATE 4-2-17
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Southern Classic	20. Color chest.	21. Breed TB	22. Electronic I.D. No.	23. Age or DOB 12	24. Sex F	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 Small star	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE VDACS ANIMAL HEALTH LABORATORY 272 ACADEMY HILL RD. WARRENTON, VA 20186 703-918-6543	32. DATE RECEIVED 4-10-17	33. DATE REPORTED OUT 4-12-17	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		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).