

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

SERIAL NO. U 804684	1. ACCESSION NUMBER 17TX0 203	2. DATE BLOOD DRAWN 2-14-17
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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 checked="" type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) DI HOPKINS	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 069304	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) JOHN & LEANNE AVELLINO 632 Bounds Ranch Rd Cooper, TX ZIP Code 75058 Tel No. 903-433-6685 County COLLIN		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) HAYES EQUINE VETERINARY SERVICES 6544 FM 1753 Denison, TX 75021 Tel No. 800-455-0777 ZIP Code 75021 County COLLIN	

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 MEGHAN MENDOZA DVM	12. SIGNATURE DATE 2-14-17
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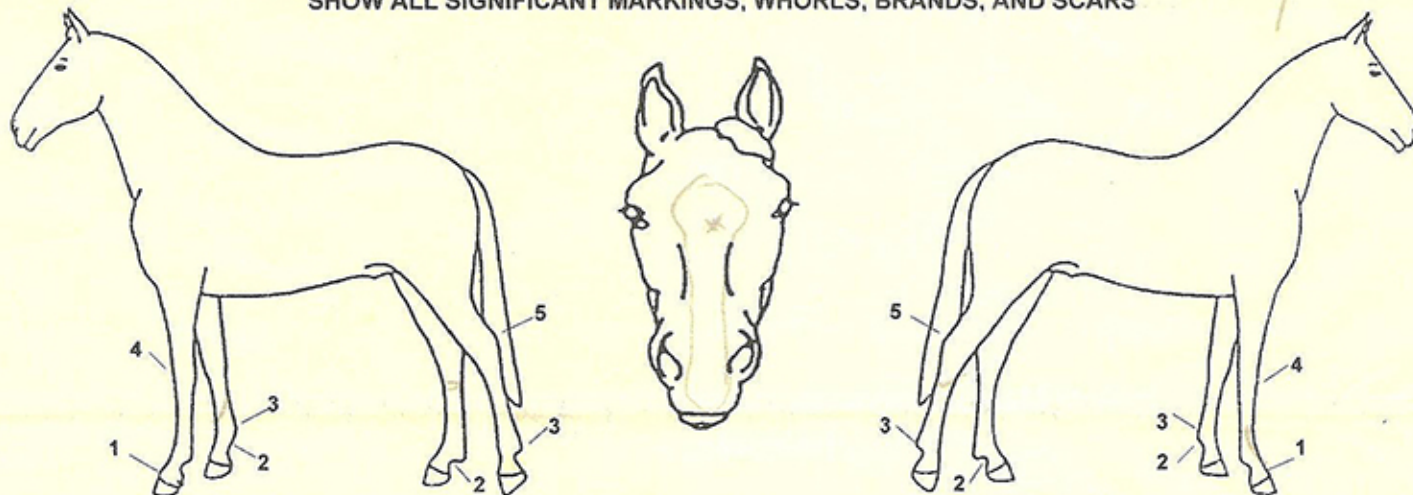
CERTIFICATION OF OWNER OR OWNER'S AGENT

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.	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
			KNIGHTBORIS HOMO SOR	SOR	RH		8y G	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Blaze Whorl	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Stocking

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE TEXOMA EQUINE LAB DENISON, TX	32. DATE RECEIVED 2-14-17	33. DATE REPORTED OUT 2-14-17	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>[Signature]</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).