

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

SERIAL NO. **U 496808** 1. ACCESSION NUMBER **17W0117-15** 2. DATE BLOOD DRAWN **1/17/17**

**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  
 Market  Change of Ownership  Show  First Test  Retest  Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)  
 LAT: \_\_\_\_\_ LONG: \_\_\_\_\_

5. VETERINARY LICENSE OR ACCREDITATION NO. **4010**

6. TEST TYPE  
 ELISA  AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  
**Katie Hager**  
**2507 161st Avenue N**  
**Waukegan IL** ZIP Code **60087**  
 Tel No. \_\_\_\_\_ County **Palau Beach**

8. NAME AND ADDRESS OF OWNER (Please print or type)  
**Emily Hager**  
**2507 161st Avenue N**  
**Waukegan IL** ZIP Code **60087**  
 Tel No. \_\_\_\_\_ County **Palau Beach**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)  
**Dr. William Yorkes**  
**1000 Lakeside Dr**  
**Waukegan IL** ZIP Code **60087**  
 Tel No. **815-498-8875** County **Palau Beach**

**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 **W Yorkes** 11. TYPE OR PRINT SIGNATURE NAME **Dr. William Yorkes** 12. SIGNATURE DATE **1/17/17**

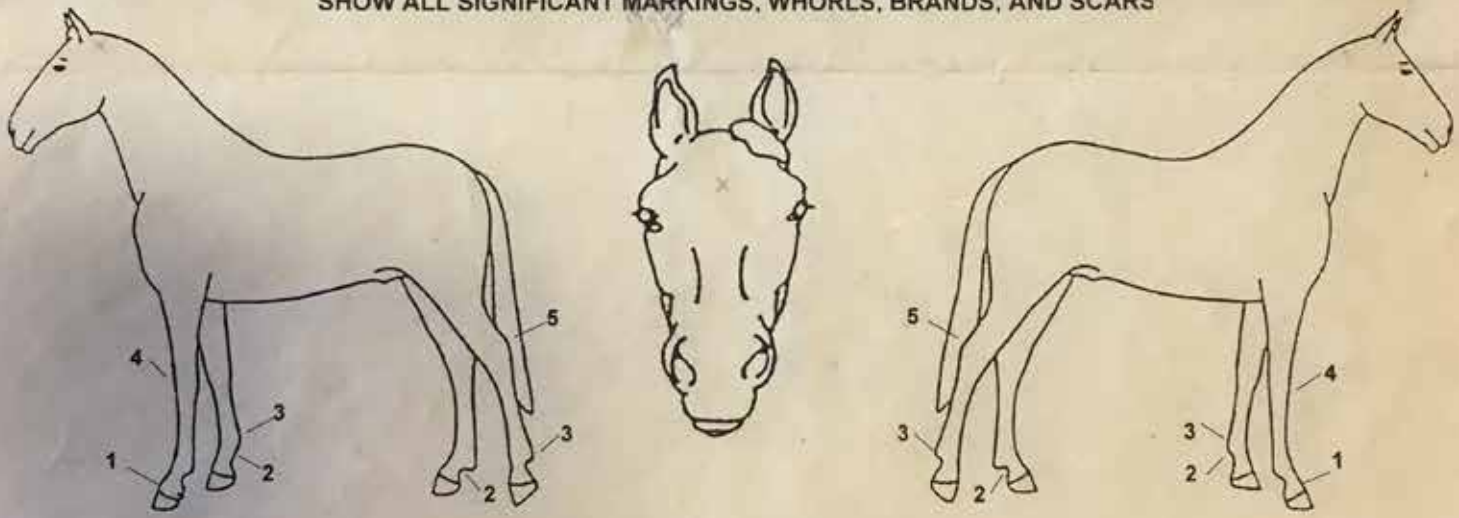
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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	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
			<b>Personality to Boot</b>	<b>Flax</b>	<b>Welsh</b>		<b>8 yrs</b>		

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



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

**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**

31. LABORATORY NAME/CITY/STATE **OTL Waukegan IL** 32. DATE RECEIVED **01-17-17** 33. DATE REPORTED OUT **01-19-17** 34. TEST RESULTS  
 Negative  Positive  AGID  ELISA

35. SIGNATURE OF TECHNICIAN **[Signature]** 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).