

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

SERIAL NO.

T 1779253

1. ACCESSION NUMBER

NVDL-16-2348

2. DATE BLOOD DRAWN

11/18/2016

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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Relest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 8378 FIELDS FARM DRIVE STEWARTSTOWN, PA 17313 ZIP Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 042051	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) LEANNE KRICK-GUNNET FLYING CHANGE PERFORMANCE HORSES AND PONIES - 16425 STEWARTSTOWN, PA Tel No. 7179935236 ZIP Code 17350029 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Dr. Pete Sheerin 3244 W Sieling Rd New Freedom, PA 17349 Tel No. 717235-3788 ZIP Code County	

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>Pete Sheerin, DVM</i>	11. TYPE OR PRINT SIGNATURE NAME Dr. Pete Sheerin	12. SIGNATURE DATE 11/18/2016
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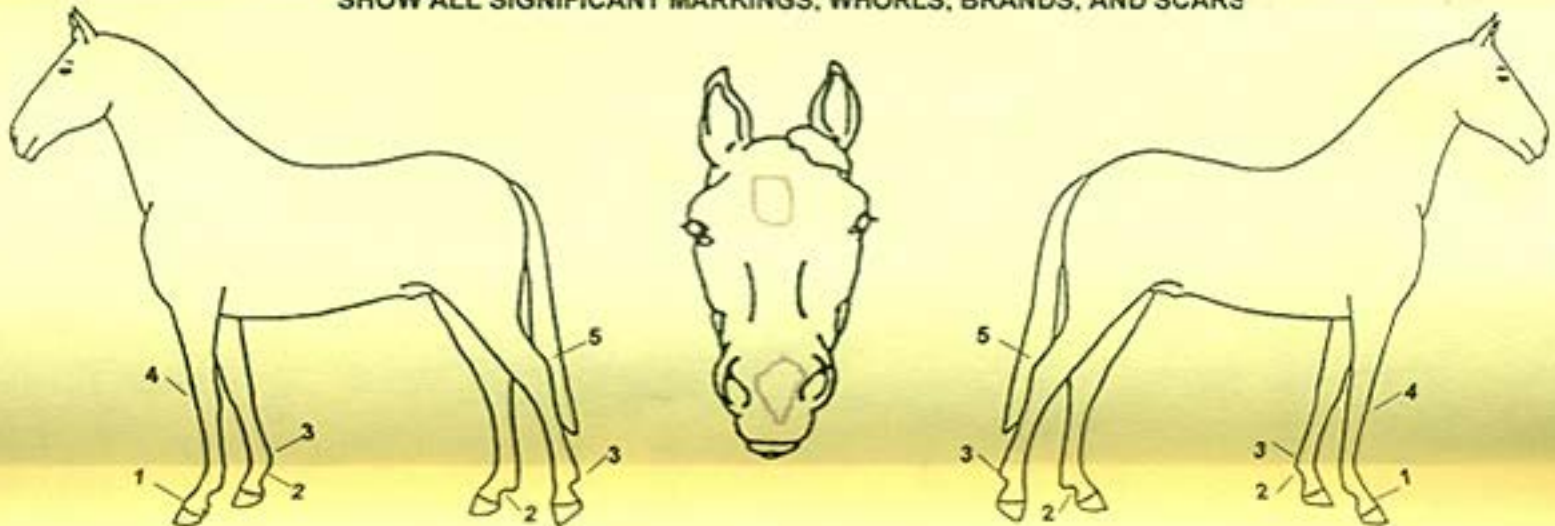
CERTIFICATION OF OWNER OR OWNER'S AGENT

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	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 OLAF	20. Color GRAY	21. Breed Vanderbilt	22. Electronic I.D. No.	23. Age or DOB 1/1/10	24. Sex <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> 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 STAR AND SNIP	26. OTHER MARKS AND BRANDS NONE
27. LEFT FORELIMB NONE	28. RIGHT FORELIMB NONE
29. LEFT HINDLIMB NONE	30. RIGHT HINDLIMB NONE

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Nandi Veterinary Diag Lab 3244 W Sieling Road New Freedom, PA 17349 (717) 235-3788	32. DATE RECEIVED 11/18/16	33. DATE REPORTED OUT 11/19/16	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 <i>Bonnie Sheerin</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).