

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
S 1531898

1. A



2. DATE BLOOD DRAWN

29 May 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 <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input checked="" type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Justin Fargi 1100 Schmidt Ln Circleville, NY Tel No. 845-361-5038	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 014540	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	Zip Code 10919 County Orange
8. NAME AND ADDRESS OF OWNER (Please print or type) Justin Fargi 117 East 57th St Apt 22B New York NY Tel No. 845-361-5038		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Mid Hudson Equine of Highland 117 Crow Hill Rd Highland, NY 12528 Tel No. 845-405-5055	
Zip Code 10022		Zip Code County Ulster	

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 Justin Fargi	12. SIGNATURE DATE 29 May 17
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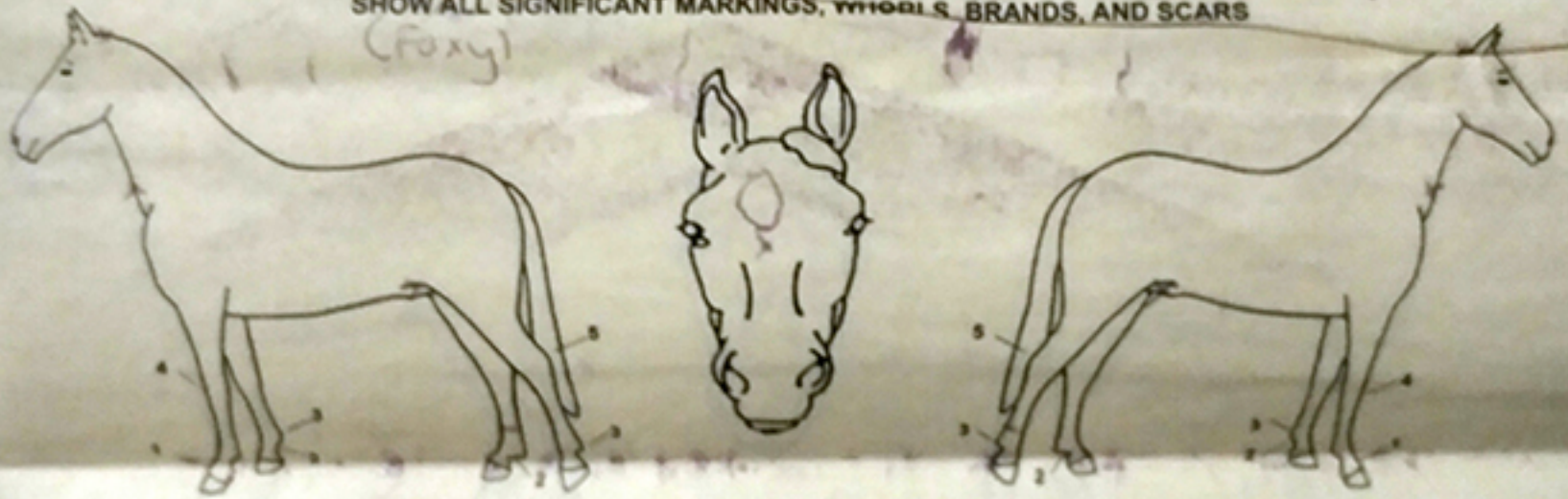
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Justin Fargi	15. SIGNATURE DATE 29 May 17
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand Haymors	19. Name of Horse What Did The Fox Say	20. Color Chestnut	21. Breed Warmblood	22. Electronic I.D. No.	23. Age or DOB 2 yrs	24. Sex F	25. M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHIPLASH BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

26. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELEGS	28. RIGHT FORELEGS
29. LEFT HINDLEGS	30. RIGHT HINDLEGS SXX

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE IDEXX LABORATORY 3 CENTENNIAL DR NORTH GRAFTON MA 01536	32. DATE RECEIVED 6-1-17	33. DATE REPORTED OUT 6-2-17	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 <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).