

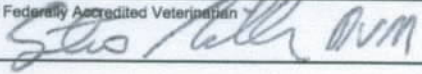
U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 612786	1. Accession Number Z17-7998	2. Date Blood Drawn 05/30/2017
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Forms without adequate descriptions of the horse and complete addresses (including zip codes, counties, and telephone numbers) will not be processed.

3. Reason for Testing Annual <input type="checkbox"/> Market Annual Change of Ownership <input type="checkbox"/> Show Retest <input type="checkbox"/> First Test Export <input type="checkbox"/>	7. Name and Address or Stable/Market (Please print or type) Rachel Stevick 4148 Batten Rd Brooksville, FL Zip Code 34602 Tel No. (816) 500-6241 County Hernando		
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. VM8344	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. Name and Address of Owner (Please print or type) Rachel Stevick 3709 Sierra Madre Columbia, MO Zip Code 65203 Tel No. (816) 500-6241 County --		9. Name and Address of Veterinarian (Please print or type) Stephen J. Miller 21114 Hunter Hill Drive Dade City, FL Zip Code 33523 Tel No. (352) 345-1495 County Pasco	

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 Stephen J. Miller	12. Signature Date 05/31/2017
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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 No.	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 N - Neuter
14818	--	--	Dalton	Chestnut/White	Paint	--	01/01/2008	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Bald Face	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 Professional Vet Lab Ocala, FL	32. Date Received 06/02/2017	33. Date Reported Out 06/06/2017	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 Julie Braswell		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 100).



P.O. Box 3 /
Trilby, FL 33593
Steve (352) 345-1495
Jessica (352) 345-3630 Brian (352) 467-3437
Office 352-345-3465

Saturday, May 27, 2017

Invoice # 2168317
Account # 35079

OWNER

Rachel Stevick
3709 Sierra Madre
Columbia, MO 65203

Telephone Numbers

(816) 500-6241

SERVICES AND RECOMMENDATIONS FOR:

PATIENT

Dalton

Gelding Equine Paint Horse Chestnut/White
Born: 1-1-2008 9 yrs 4 mths

Vaccinations

5/27/2017	Equinile West Nile Vaccine	1	\$35.00
5/27/2017	Flu Avert IN	1	\$26.00
5/27/2017	Encephalomyelitis Tetanus Vaccine	1	\$16.00
5/27/2017	Equirab	1	\$16.00

Coggins

5/27/2017	Coggins Test	1	\$29.00
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Preventative Care Scheduled for Dalton

11/27/2017	Encephalomyelitis vaccine
11/27/2017	Flu Avert IN
05/27/2018	Coggins Test
05/27/2018	Equirab
05/27/2018	West Nile vaccination