

ACCESSION NUMBER

17F3499-7

MARYLAND DEPARTMENT OF AGRICULTURE

- Frederick Animal Health Laboratory 1840 Rosemont Ave, Frederick, MD 21708
- Salisbury Animal Health Laboratory 27722 Nanticoke Rd, Salisbury, MD 21801
- Other: \_\_\_\_\_

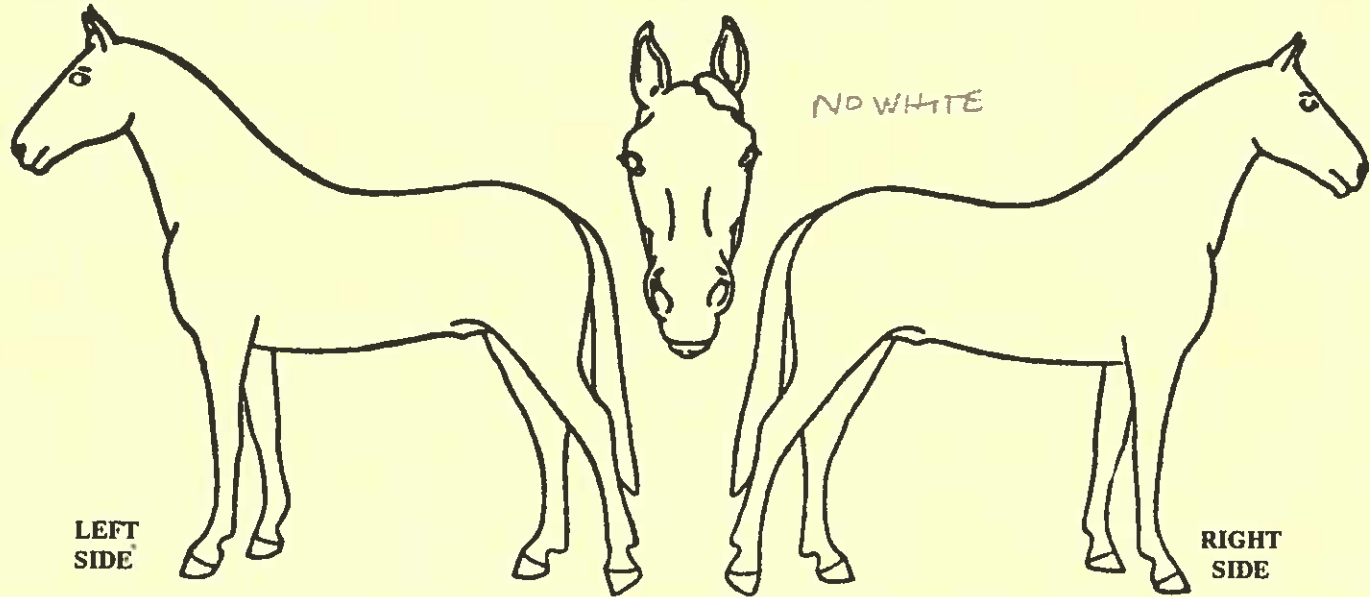
EQUINE INFECTIOUS ANEMIA TEST REPORT

PLEASE TYPE OR PRINT LEGIBLY

VETERINARIAN'S NAME & ADDRESS (include Zip Code) <b>Elizabeth Reese DVM</b> 18101 Cattail Road Poolesville, MD 20837		NAME & ADDRESS OF OWNER (include Zip Code) <b>SAMANTHA SANDLER-KRAMER</b> 4415 GREGG ROAD BROOKEVILLE, MD. 20833	
I hereby certify that the blood specimen submitted with this form was drawn by me from the horse described below on the date indicated.		COUNTY <b>MONTGOMERY</b>	
		HORSES STABLED AT (Address) <b>-SAME-</b>	
Date	Signature of Accredited Veterinarian	Accreditation No.	COUNTY
4-24-17	<i>Elizabeth Reese DVM</i>	006052	TOWN

TUBE NO	IDENTIFICATION (Name, ID No., Brand, etc.)	AGE	BREED	SEX CIRCLE ONE	COLOR
7	XENA	4	BELGIAN X ARAB	<input checked="" type="radio"/> FEMALE <input type="radio"/> GELDING <input type="radio"/> STALLION	BAY

Sketch all visible markings on horse outline



FOR LABORATORY USE ONLY

DATE RECEIVED 4-24-17	DATE READ 4-25-17	ANTIGEN USED <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	TEST RESULTS <input checked="" type="checkbox"/> NEG <input type="checkbox"/> POS	REACTOR ID NO.
APPROVED LABORATORY:		SIGNATURE <i>[Signature]</i>		REMARKS:
White - MD State Office Yellow - Owner Pink - Veterinarian Goldenrod - Laboratory		LABORATORY SCIENTIST		

ACCESSION NUMBER

7F3499-4

MARYLAND DEPARTMENT OF AGRICULTURE

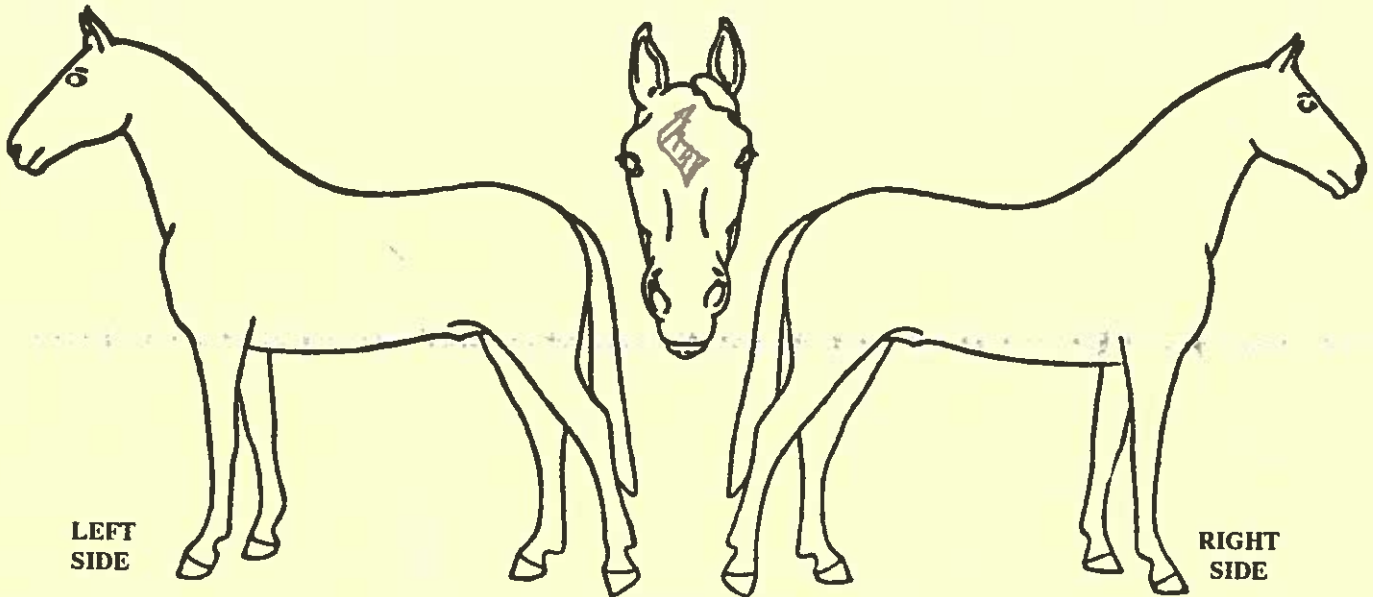
- Frederick Animal Health Laboratory 1840 Rosemont Ave, Frederick, MD 21702
- Salisbury Animal Health Laboratory 27722 Nanticoke Rd, Salisbury, MD 21801
- Other: \_\_\_\_\_

EQUINE INFECTIOUS ANEMIA  
TEST REPORT

PLEASE TYPE OR PRINT LEGIBLY

VETERINARIAN'S NAME & ADDRESS (Include Zip Code) <b>Elizabeth Reese DVM</b> 18101 Cattail Road Poolesville, MD 20837			NAME & ADDRESS OF OWNER (Include Zip Code) <b>SAMANTHA SANDLER-KRAMER</b> 4415 GREGG ROAD BROOKEVILLE, MD. 20833		
I hereby certify that the blood specimen submitted with this form was drawn by me from the horse described below on the date indicated.			COUNTY <b>MONTGOMERY</b>		
Date <b>4-24-17</b>			Signature of Accredited Veterinarian <i>Elizabeth Reese DVM</i>		Accreditation No. <b>006052</b>
TUBE NO <b>4</b>			IDENTIFICATION (Name, ID No., Brand, etc.) <b>DANIEL BOONE</b>		AGE <b>16</b>
BREED <b>MORAB</b>			SEX CIRCLE ONE FEMALE <input checked="" type="checkbox"/> <b>GELDING</b> <input type="checkbox"/> STALLION		COLOR <b>BAY</b>

Sketch all visible markings on horse outline



FOR LABORATORY USE ONLY

DATE RECEIVED <b>4-24-17</b>	DATE READ <b>4-25-17</b>	ANTIGEN USED <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	TEST RESULTS <input checked="" type="checkbox"/> NEG <input type="checkbox"/> POS	REACTOR ID NO.
APPROVED LABORATORY: White - MD State Office Yellow - Owner Pink - Veterinarian Goldenrod - Laboratory			SIGNATURE <i>[Signature]</i> LABORATORY SCIENTIST	
REMARKS:				