

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

SERIAL NO.

U 226803

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

9-5-17

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 type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		<input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Raleigh Minor 4634 Colleton Road Free Union VA ZIP Code 22940 Tel No. 434.973.2381 County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 0301000671		6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Raleigh Minor 4634 Colleton Road Free Union VA ZIP Code 22940 Tel No. 434.973.2381 County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Georgebun Equine Hsp 210 Georgebun Way Charlottesville VA ZIP Code 22901 Tel No. 434.977.5300 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>[Signature]</i>		11. TYPE OR PRINT SIGNATURE NAME Daniel V. Flynn MD		12. SIGNATURE DATE 9-5-17	
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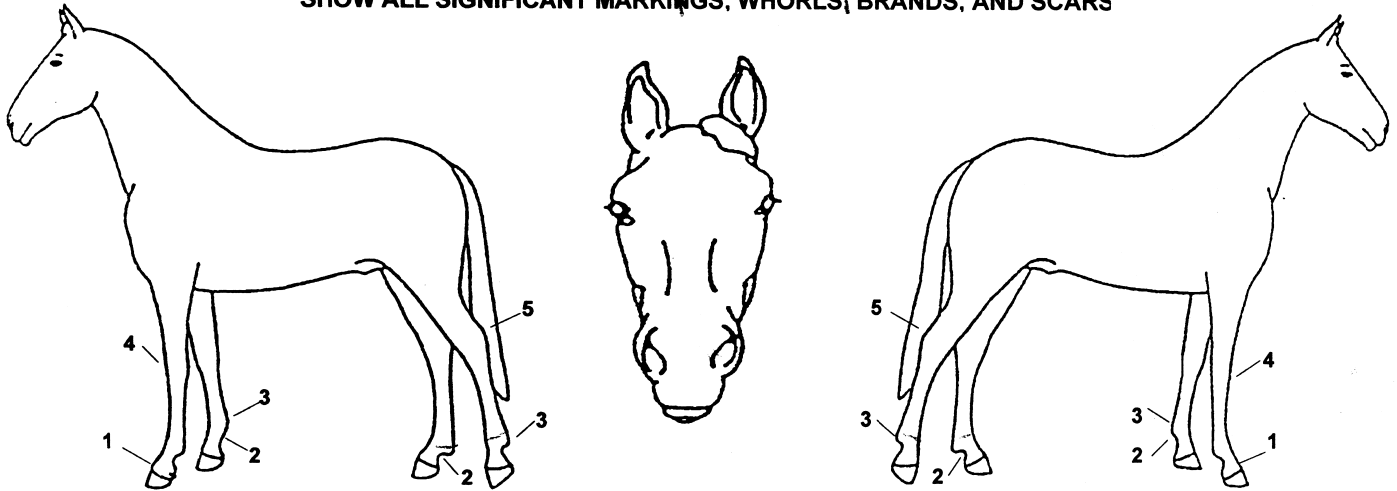
CERTIFICATION OF OWNER OR OWNER'S AGENT

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		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Fearless Bay Bay TB	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex F	M - Male F - Female G - Gelding 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 Stitch from above eye level to left nostril		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB White b above ankle		30. RIGHT HINDLIMB White b above ankle	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Harrisonburg, VA AGID - Negative SEP 11 2017 540-209-9130	32. DATE RECEIVED 9/6/17	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input 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).