

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

SERIAL NO.

U 226802

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

117 127
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 checked="" 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) Horseman Manor 4624 Catterton Road Fresno, VA ZIP Code 22940 Tel No. 424.973.2321 County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 0200006718	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Horseman Manor 4624 Catterton Road Fresno, VA ZIP Code 22940 Tel No. 424.973.2321 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Georgetown Equine Hospital 270 Georgetown Hwy Charlottesville, VA ZIP Code 22901 Tel No. 924.977.6301 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.

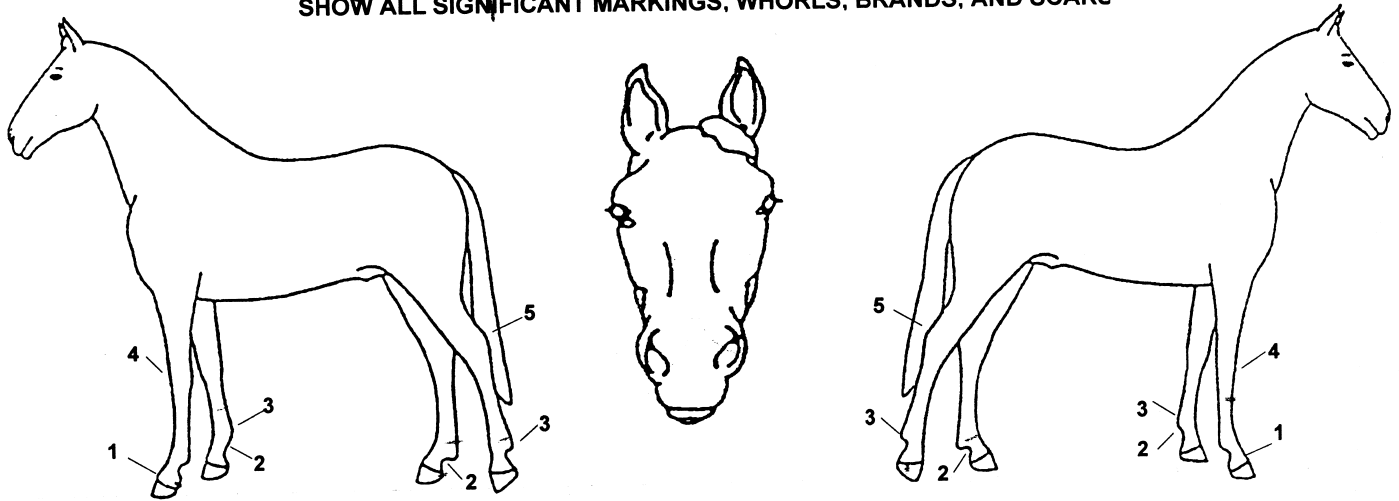
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME Doreen V. Flynn VMD	12. SIGNATURE DATE 9-5-17
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE					
16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Storm, Heroine, Chey TB	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB 17	24. Sex F	M - Male F - Female G - Gelding SF - Spayed Female

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD dark stripe and undercoat	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB white below knee
29. LEFT HINDLIMB	30. RIGHT HINDLIMB white neck

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Harrisonburg, VA AGID - Negative SEP 11 2017 540-209-9130	32. DATE RECEIVED 9/11/17	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		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).