

US Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	Serial No. 186549LH	1. Accession Number 268988	2. Date Blood Drawn 02/16/17
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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 <input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Show <input type="checkbox"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) Dawn Gilbert	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 010676	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	66 Newcomb Road Mexico, NY Zip Code 13114 Tel No. 315-391-9378 County	
8. Name and Address of Owner (Please print or type) Ashley Smith 17 Montcalm St Oswego, NY Zip Code 13126 Tel No. 315-466-4048 County			9. Name and Address of Veterinarian (Please print or type) Megan Cox PO Box 4565 Ithaca, NY Zip Code 14852 Tel No. (315)466-4048 County Tompkins		

**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 Megan Cox	12. Signature Date 03/08/2017
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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					
16. Tube No. 7	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Red Hot Moves aka Aaron	20. Color Chestnut	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 04/15/2012	24. Sex G	M - Male F - Female G - Gelding N - Neuter

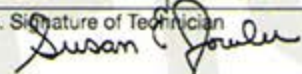
**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



**Narrative Description and Remarks**

25. Head Whorl Between Eyes	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 Larch Hill Laboratory Earlville, NY	32. Date Received 02/22/17	33. Date Reported Out 02/23/17	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 		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).