

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 1429851

1. ACCESSION NUMBER

170502028

2. DATE BLOOD DRAWN

4/24/17

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 checked="" type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
<input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Retest <input type="checkbox"/> Export		Karen Freedlander	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. VT1864		111 FICKERLY LANE CROFTBURY ME Tel No. 1707831-1234 Zip Code 04107 County Cumberland	
6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type)		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)	
SAMP CS # 7 Zip Code		Conrice Equine 309 Rocky Dunder Rd Buxton, ME Zip Code 04013 County York		Tel No. 1207747-6000 County York	

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		12. SIGNATURE DATE	
		Marian K. Smith DVM		4/24/17	

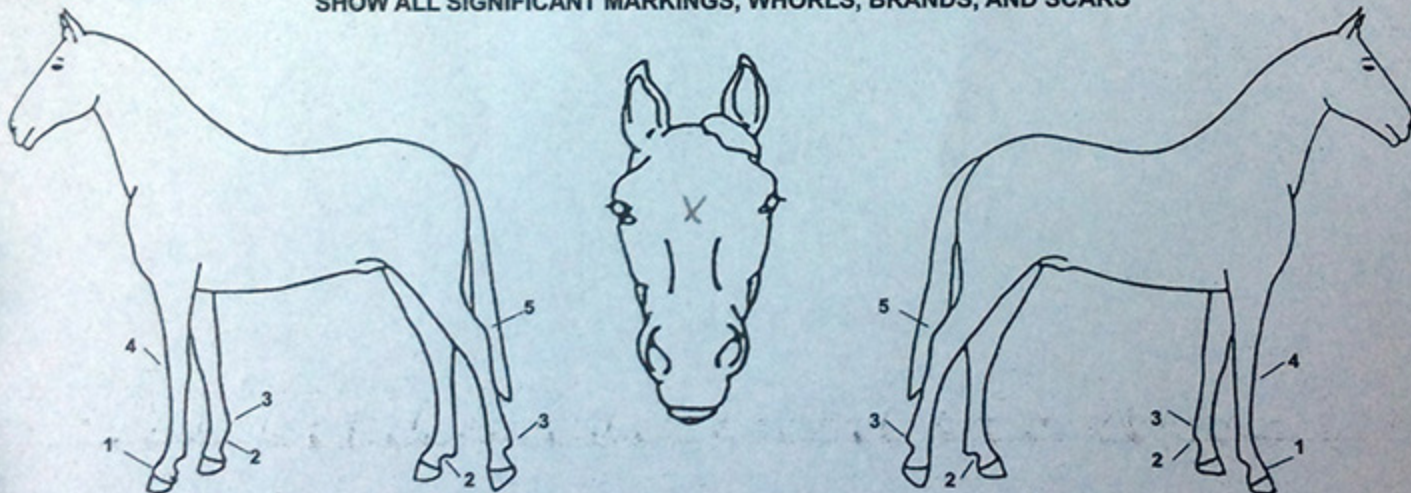
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 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
		Bzinga	Bzinga	DK Bay	WB		4/1/16	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD whorl		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 SFDL Augusta, ME 207 757 7624		32. DATE RECEIVED 5/2/17		33. DATE REPORTED OUT 5/3/17		34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF TECHNICIAN K. Smith				35. REMARKS unsp			

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).