

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

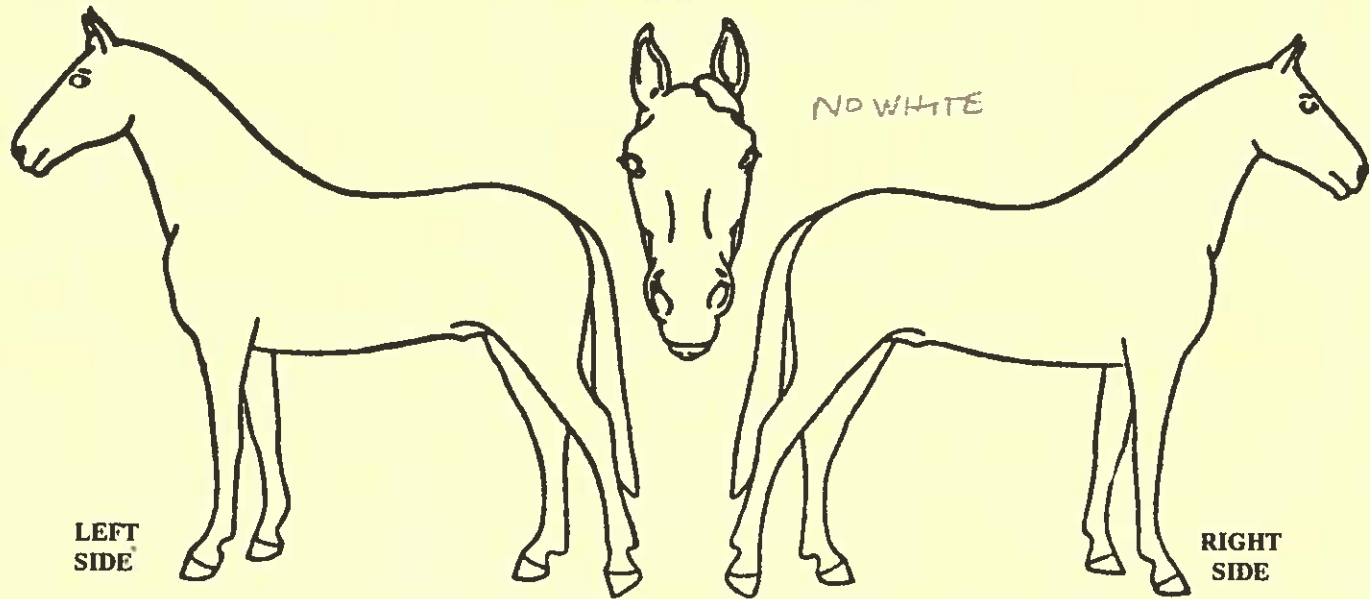
PLEASE TYPE OR PRINT LEGIBLY

VETERINARIAN'S NAME & ADDRESS (include Zip Code) Elizabeth Reese DVM 18101 Cattail Road Poolesville, MD 20837	NAME & ADDRESS OF OWNER (include Zip Code) SAMANTHA SANDLER-KRAMER 4415 GREGG ROAD BROOKEVILLE, MD. 20833
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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 MONTGOMERY HORSES STABLED AT (Address) -SAME- COUNTY _____ TOWN _____
Date 4-24-17	Signature of Accredited Veterinarian <i>Elizabeth Reese DVM</i>
Accreditation No. 006052	

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.
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APPROVED LABORATORY: _____
 SIGNATURE: *[Signature]*
 LABORATORY SCIENTIST

White - MD State Office
 Yellow - Owner
 Pink - Veterinarian
 Goldenrod - Laboratory

REMARKS:

ACCESSION NUMBER

7F3499-4

MARYLAND DEPARTMENT OF AGRICULTURE

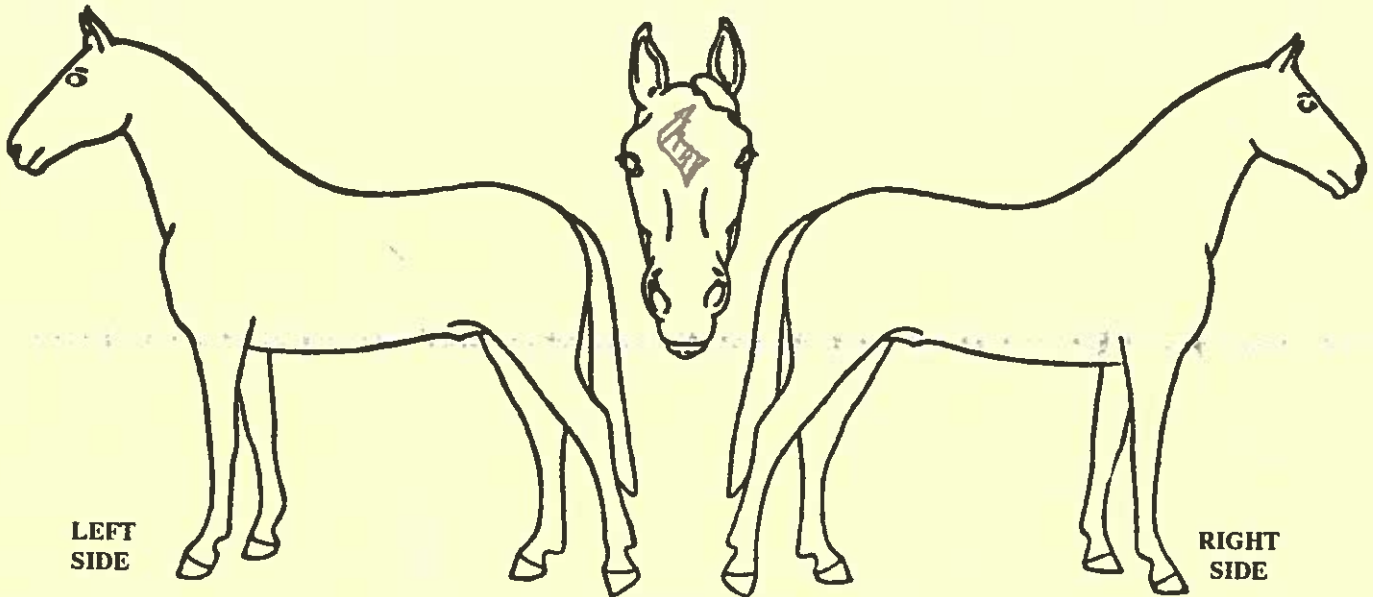
- Frederick Animal Health Laboratory 1840 Rosemont Ave, Frederick, MD 21702
- Salisbury Animal Health Laboratory 27722 Nanticoke Rd, Salisbury, MD 21801
- Other: _____

EQUINE INFECTIOUS ANEMIA TEST REPORT

PLEASE TYPE OR PRINT LEGIBLY

VETERINARIAN'S NAME & ADDRESS (Include Zip Code) Elizabeth Reese DVM 18101 Cattail Road Poolesville, MD 20837		NAME & ADDRESS OF OWNER (Include Zip Code) SAMANTHA SANDLER-KRAMER 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 MONTGOMERY			
		HORSES STABLED AT (Address) -SAME-			
Date	Signature of Accredited Veterinarian	Accreditation No.			
4-24-17	<i>Elizabeth Reese DVM</i>	006052			
		COUNTY	TOWN		
TUBE NO	IDENTIFICATION (Name, ID No., Brand, etc.)	AGE	BREED	SEX CIRCLE ONE	COLOR
4	DANIEL BOONE	16	MORAB	<input type="radio"/> FEMALE <input checked="" type="radio"/> GELDING <input type="radio"/> STALLION	BAY

Sketch all visible markings on horse outline



FOR LABORATORY USE ONLY

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APPROVED LABORATORY:		SIGNATURE <i>[Signature]</i>		REMARKS:
White - MD State Office Yellow - Owner Pink - Veterinarian Goldenrod - Laboratory		LABORATORY SCIENTIST		