

Animal 257838

FORM APPROVED - OMB NUMBER 0579 - 0127

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U.S. DEPARTMENT OF AGRICULTURE
 INSPECTION SERVICE
 AA LABORATORY TEST
 (FS 555 10)

SERIAL NO.
 T1795472

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN
 8-8-17

Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING
 Market Change of Ownership

Show First Test
 Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
 LAT. LONG.

5. VETERINARY LICENSE OR ACCREDITATION NO.
 083041

6. TEST TYPE
 ELISA
 AGID

Facel Acres
 305 Harpaz Rd
 New Windsor
 ZIP Code 17911
 Tel No. 717 336-1173 County York

8. NAME AND ADDRESS OF OWNER (Please print or type)
 Anna Akron
 2097 Sycamore St
 York PA
 ZIP Code 17405
 Tel No. 717-525-5907 County York

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
 Garrett Paul Smith
 132 Maxine Dr
 Sedwona PA
 ZIP Code 15025
 Tel No. 717-487-1030 County Cambria

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
 Garrett Paul Smith

12. SIGNATURE DATE
 8-8-17

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.

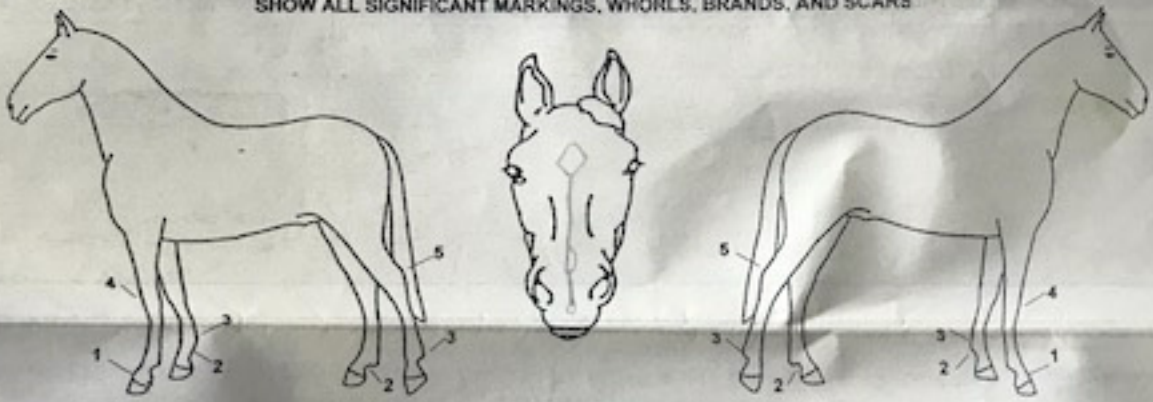
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag	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 SP - Spayed Female
2			Max Hoc Mark (Mare)	chocolate	QH		14/1	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD
 27. LEFT FORELIMB
 29. LEFT HINDLIMB

26. OTHER MARKS AND BRANDS
 28. RIGHT FORELIMB
 30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
 ANTECH DIAGNOSTICS
 1301 GLOVE COVE
 SOUTHWEN MS 38771
 MO

32. DATE RECEIVED
 8/10/17

33. DATE REPORTED OUT
 8/11/17

34. TEST RESULTS
 Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN
 Sandra Shiffner

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).