

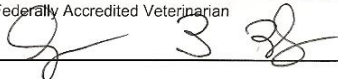
U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. <h1 style="text-align: center;">625461</h1>	1. Accession Number H3959539	2. Date Blood Drawn 08/02/2017
---	---	---------------------------------	-----------------------------------

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"/> <input type="checkbox"/> Annual Change of Ownership <input type="checkbox"/> Show Retest <input type="checkbox"/> First Test Export <input type="checkbox"/>	7. Name and Address or Stable/Market (Please print or type) Border Creek Sport Horses 371 Meadow Green Drive Ringgold, GA Zip Code 30736 Tel No. (423) 991-4918 County Catoosa		
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 4559	6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. Name and Address of Owner (Please print or type) Kelly Maxwell 5532 Hidden Lake Court Hixon, TN Zip Code 37343 Tel No. (423) 316-7545 County Hamilton		9. Name and Address of Veterinarian (Please print or type) Arlynn B. Blazer 665 Urbane Road Cleveland, TN Zip Code 37312 Tel No. (423) 559-9690 County Bradley	

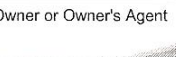
Certification of Federally Accredited Veterinarian

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 Arlynn B. Blazer	12. Signature Date 08/02/2017
---	--	----------------------------------

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
1	--	--	Honey Badger	Bay	Welsh	--	07/31/2005	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head --	26. Other Marks and Brands See Photos (Few White Hairs on Face)
27. Left Forelimb --	28. Right Forelimb Pastern
29. Left Hindlimb --	30. Right Hindlimb Right Fetlock

For Laboratory Use Only

31. Laboratory Name/City/State IDEXX Laboratories Memphis, TN	32. Date Received 08/04/2017	33. Date Reported Out 08/04/2017	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. Signature of Technician DUNN BURCH		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 100).