

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0678 - 0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTION ANEMIA LABORATORY TEST
(VS Memorandum 635.1a)

SERIAL NO.

U 226815

1. ACCESSION NUMBER

147 44341

2. DATE BUDD
DRAWN

9/19/17

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

Market Change of Ownership Releg Export

7. NAME AND ADDRESS OF STABLE/BASKET (Please print or type)

U.S. Equestrian World
416 30th Colchester Rd
Farmingdale, VA ZIP Code 22942
Tel No. County

4. GEOGRAPHIC INFORMATION SYSTEMS (009)

LAT:

LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

0301000071

6. TEST TYPE

ELISA

AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)

Raleigh Thomas
416 30th Colchester Rd
Farmingdale, VA ZIP Code 22942
Tel No. 434 743-3381 County Stafford

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Daniel V. Flynn, VMD
718 20th Colchester Rd
Farmingdale, VA ZIP Code 22942
Tel No. 434-1979-5300 County Stafford

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

[Signature]

11. TYPE OR PRINT SIGNATURE NAME

DANIEL V. FLYNN, VMD

12. SIGNATURE DATE

9/19/17

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

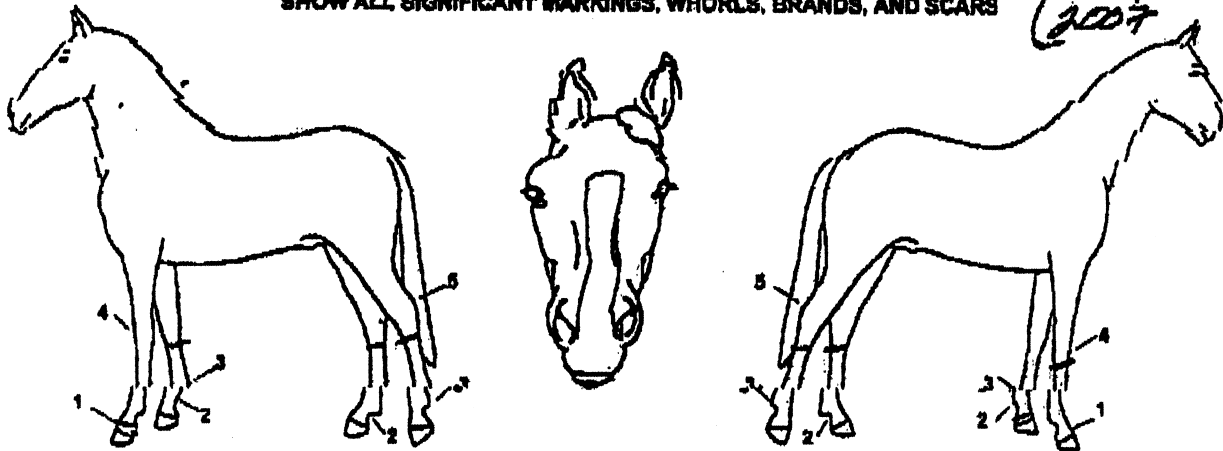
[Signature]

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 ID No.	23. Age or DOB	24. Sex	25. Markings W - White F - Female G - Gelding SP - Spayed Female
			BIG BAD BUDDHA	CHS	TB		2007	♂	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

26. HEAD	27. LEFT FORELEGS	28. LEFT HINDLEGS	29. OTHER MARKINGS/REMARKS
Glaze	Scarlet white	White to hock	White spot under abdomen White to knee White to hock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
KDACS-OLS 261 MT. CLINTON PIKE HARRISONBURG, VA 22802 540-209-9130	9-20-17	9/20/17	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN		36. REMARKS	
<i>[Signature]</i>		Fixed 9/20/17	

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 1007).