

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555.16)

SERIAL NO.

T1275820

1. ACCESSION NUMBER

88345-14

2. DATE BLOOD DRAWN

9-14-17

**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 type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) same as #8	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 026479	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) BIRCH BROOK FARM 201 Rte 539 Woodbridge, NJ		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Bruce N. Barnes, VMD/Walnridge Equine Clinic 44 Arneytown Hornerstown Road Cream Ridge, NJ	
Tel No. County ZIP Code		Tel No. 609-758-9100 County Monmouth ZIP Code 08514	

**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.

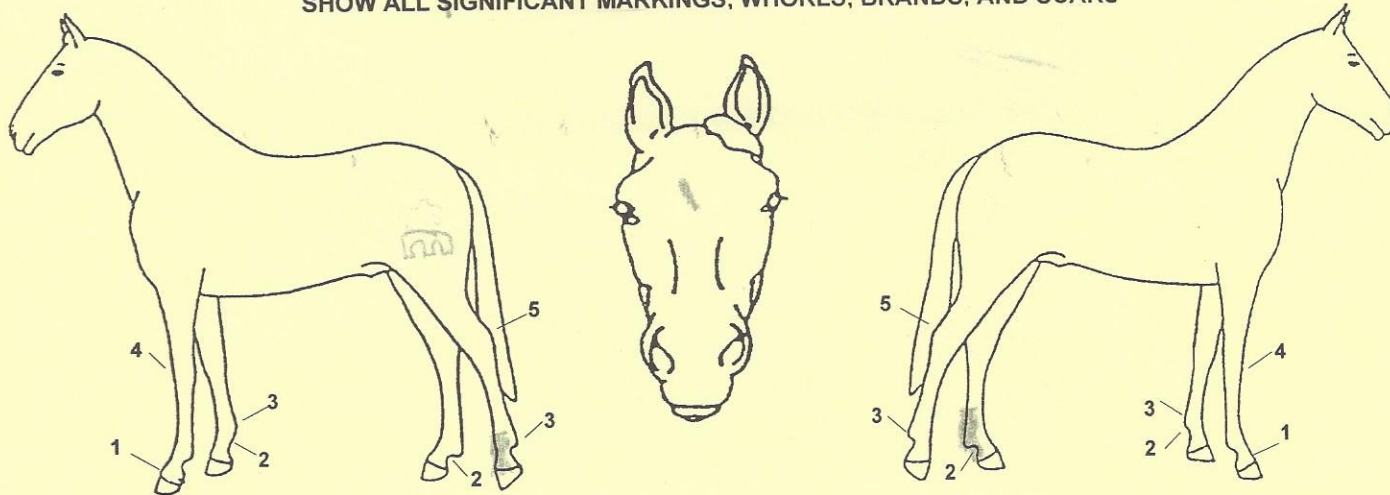
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN Bruce N. Barnes, VMD	11. TYPE OR PRINT SIGNATURE NAME Bruce N. Barnes, VMD	12. SIGNATURE DATE 9-14-17
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**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 SF - Spayed Female
			Nico	CH	RPST			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 Star	26. OTHER MARKS AND BRANDS RPST Brand @ thigh
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Ankle higher inside	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED 9-15-17	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN PC		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).