

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>T 1275819</b>	1. ACCESSION NUMBER <b>88345-12</b>	2. DATE BLOOD DRAWN <b>9-14-17</b>
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**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"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>same as #8</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>026479</b>	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>BIRCH CROOK FARM</b> <b>301 PLE RD</b> <b>COOPER TOWNSHIP, NJ 08514</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>Bruce N. Barnes, VMD/Walbridge Equine Clinic</b> <b>44 Arneytown Hornerstown Road</b> <b>Cream Ridge, NJ 08514</b>	
Tel No. _____ County _____		Tel No. <b>609-758-9100</b> County <b>Monmouth</b>	

**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 <b>Bruce N. Barnes, VMD</b>	11. TYPE OR PRINT SIGNATURE NAME <b>Bruce N. Barnes, VMD</b>	12. SIGNATURE DATE <b>9-14-17</b>
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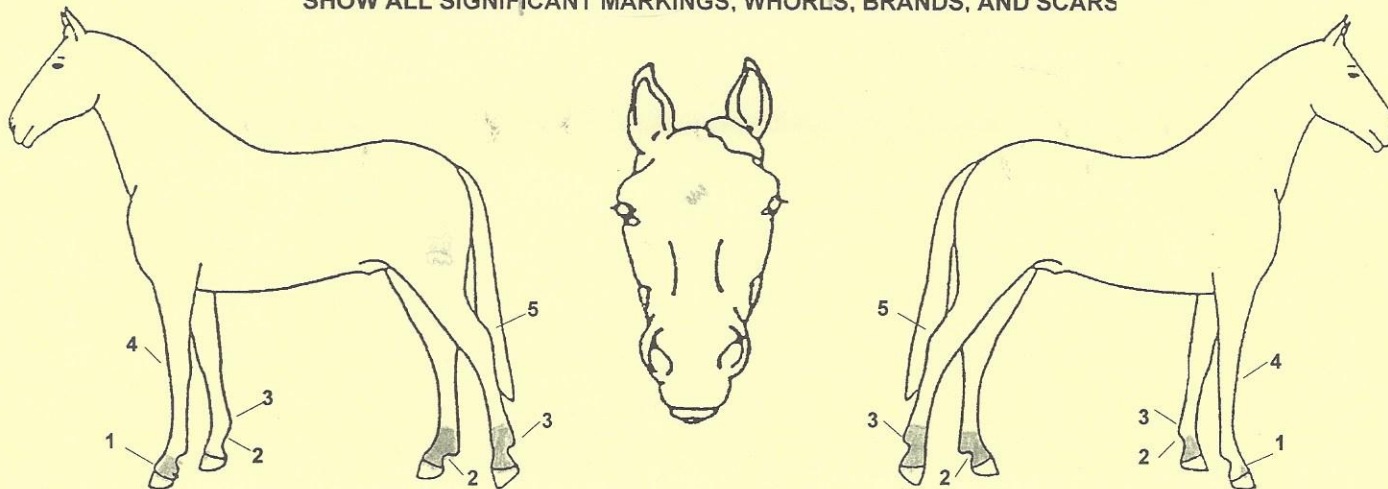
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 <b>Gimmirey</b>	14. TYPE OR PRINT SIGNATURE NAME <b>PAUL RPST</b>	15. SIGNATURE DATE <b>1 M</b>
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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
			<b>Gimmirey</b>		<b>PAUL RPST</b>				<b>M</b>

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD <b>Small star</b>	26. OTHER MARKS AND BRANDS <b>KPST Brand @ + high</b>
27. LEFT FORELIMB <b>pastern</b>	28. RIGHT FORELIMB <b>spot on coronet</b>
29. LEFT HINDLIMB <b>ANKLE</b>	30. RIGHT HINDLIMB <b>ANKLE</b>

**FOR LABORATORY USE ONLY**

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