

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

SERIAL NO.

T 1449261

1. ACCESSION NUMBER

C-02745

2. DATE BLOOD DRAWN

12-12-16

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		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 12067		ZIP Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) Jim Jameson 12 West Park Lane Sherwood, AR 72170		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) James H. Taylor 1518 Sycamore Valley Rd. Benton, AR 72015	
Tel No.		Tel No.	
County		County	

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	12. SIGNATURE DATE
<i>[Signature]</i>	James H. Taylor	12-12-16

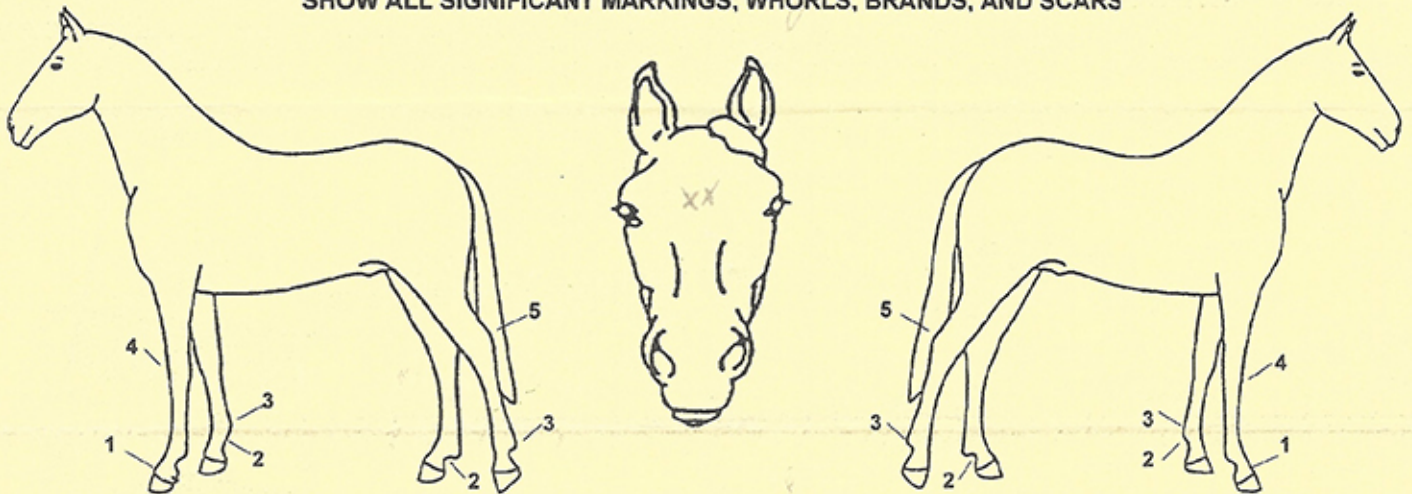
CERTIFICATION OF OWNER OR OWNER'S AGENT

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
<i>[Signature]</i>	Jim Jameson	

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
			Poe	Dark Bay	TR		4y	♂	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
Double Crowled upper limit eye	White markings
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE DEPOSITED OUT	34. TEST RESULTS
ARIZONA INVESTIGATIVE AND ANALYTICAL SERVICES DR. LITTLE ROCK, AR 72205 501-907-2400	12/12/16	12/12/16	<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>			

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).