

US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 192099LH	1. Accession Number 273934	2. Date Blood Drawn 03/20/17
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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 Annual <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Show <input type="checkbox"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) Lake Pointe Stables	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 044117	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		1000 Hatley Rd. Pittsboro, NC Tel No. 919-450-5809
				Zip Code 27312	County Chatham
8. Name and Address of Owner (Please print or type) Laura Gaither 1220 Hopkins Rd Bahama, NC Tel No. 919-801-7966			Zip Code 27503	9. Name and Address of Veterinarian (Please print or type) Dr. Lynn Gomes 415 Fieldstone Drive Holly Springs, NC Tel No. (919)745-0788	
			County Durham	Zip Code 27540	County Wake 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 <i>Lynn Gomes</i>	11. Type or Print Signature Name Dr. Lynn Gomes	12. Signature Date 03/20/17
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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
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Santana 17 aka Carlos	20. Color Gray	21. Breed Hanoverian	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Snip Pink spot	26. Other Marks and Brands Flea Bitten
27. Left Forelimb	28. Right Forelimb
29. Left Hindlimb	30. Right Hindlimb

For Laboratory Use Only

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 03/24/17	33. Date Reported Out 03/25/17	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 <i>Susan Fowler</i>		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).