

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

SERIAL NO.

T 1628441

1. ACCESSION NUMBER

193324-16

2. DATE BLOOD DRAWN

11/18/16

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

Market  Change of Ownership  Show  Retest  First Test  Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:  
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

10676

6. TEST TYPE

ELISA  
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Same as to left

ZIP Code

Tel No.

County

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

Dawn Gilbert  
76 Newcomb Rd  
Mexico NY

ZIP Code

13114

Tel No.

315 391 9378

County

Orleans

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

Dr. Megan Cox  
308 Kluge Rd  
Ithaca NY

ZIP Code

14850

Tel No.

315 466 4048

County

Tompkins

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

Megan Cox DVM

12. SIGNATURE DATE

11/18/16

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

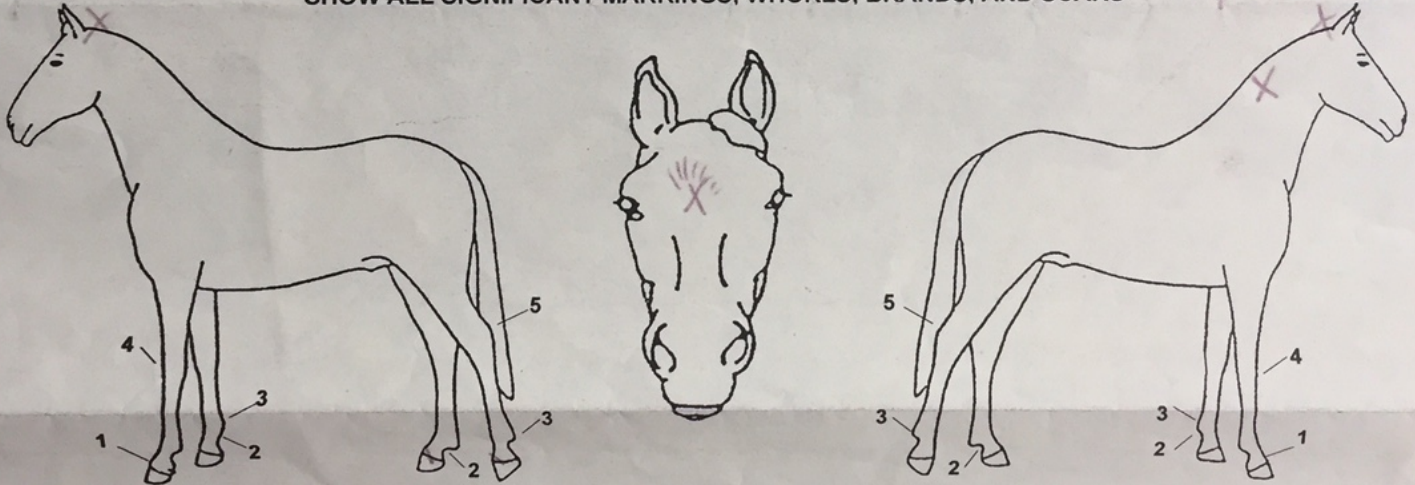
X Dawn M Gilbert

15. SIGNATURE DATE

11/18/16

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
-	-	None	"Jazz"	Seal Brown	TB	-	6 yrs	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 Small skin + whorl	26. OTHER MARKS AND BRANDS X-whorl No lip tattoos
27. LEFT FORELIMB No white	28. RIGHT FORELIMB No white
29. LEFT HINDLIMB Small white on coronary band	30. RIGHT HINDLIMB Small white on coronary band

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE USDA APHIS	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN Jasmine Helmer		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).