

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIONOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555.16)

SERIAL NO. **Q 0117870**  
1. ACCESSION NUMBER **111722191**  
2. DATE BLOOD DRAWN **4/15/17**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

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) <b>State</b>	
GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT. _____ LONG. _____		Zip Code _____ County _____	
5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1354</b>		6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>Jordan Koepke</b> <b>5350 Creechwood</b> <b>Whispering VA</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>Cresthill Equine, LLC</b> <b>P.O. Box 1306</b> <b>Middleburg, VA</b>	
1 No. _____ County _____		Zip Code <b>20118-1306</b> Tel No. <b>540-364-1044</b> County <b>Panhandle</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.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME <b>R. W. Bowman, DVM</b>	12. SIGNATURE DATE <b>4/15/17</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.

3. SIGNATURE OF OWNER OR OWNER'S AGENT <i>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Vite No. <b>2</b>	Official Tag	18. Tattoo/Brand	19. Name of Horse <b>Vincent</b>	20. Color <b>Dark Paint</b>	21. Breed	22. Electronic I.D. No.	23. Age or DOB <b>8</b>	24. Sex <b>G</b>	M - Male F - Female G - Gelding N - Neuter
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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
27. LEFT FORELIMS	28. RIGHT FORELIMS
29. LEFT HINDLIMS	30. RIGHT HINDLIMS

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED <b>4/18/17</b>	33. DATE REPORTED OUT <b>4/20/17</b>	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS	

VOAC'S ANIMAL HEALTH LABORATORY  
272 ACADEMY HILL RD.  
WARRENTON, VA 20188

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).