

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.8)

SERIAL NO. **B0710003**
1. ACCESSION NUMBER **INCG00348637**
2. DATE BLOOD DRAWN **10-13-17**

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 checked="" type="checkbox"/> Market <input checked="" 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) Holly Whitaker 8070 N. Rivett Monrovia, IN Zip Code 46157 Tel No. 317 727 8173 County Morgan	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmvvvv)	5. VETERINARY LICENSE OR ACCREDITATION NO. 24008080A	6. TEST TYPE <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA	
8. NAME AND ADDRESS OF OWNER (Please print or type) Holly Whitaker 8070 N. Rivett Monrovia, IN Zip Code 46157 Tel No. 317 727 8173 County Morgan		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Jessica K Abernathy DVM 13867 W. ST Rd 42 Claverdale, IN Zip Code 46120 Tel No. 765 753111 County Morgan	

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>Jessica K Abernathy DVM</i>	11. TYPE OR PRINT SIGNATURE NAME Jessica K Abernathy DVM	12. SIGNATURE DATE 10-13-17
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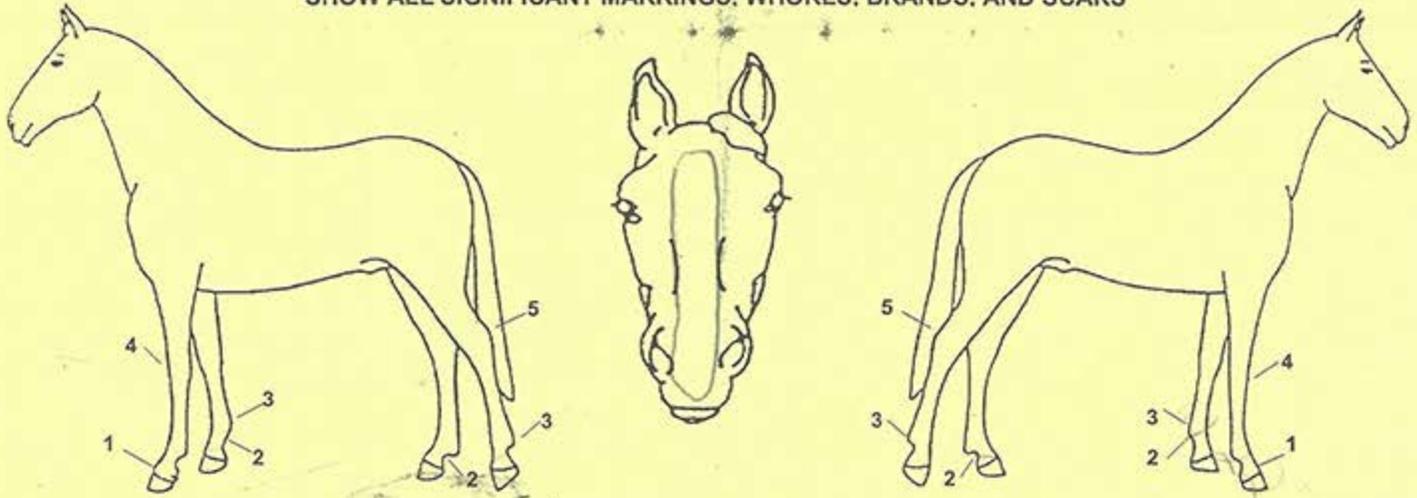
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>Holly M Whitaker</i>	14. TYPE OR PRINT SIGNATURE NAME Holly M Whitaker	15. SIGNATURE DATE 10-13-17
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16. Tube No.	17. Official Tag No.	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 N - Neuter
1-2			Hocus Focus	Gray	Belgian with cross		maple 2017	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Black	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ANTECH 1313 FISHERS, IN	32. DATE RECEIVED 10-15-17	33. DATE REPORTED OUT 10-16-17	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		35. 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).