


US Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	Serial No. 225225LH	1. Accession Number 308578	2. Date Blood Drawn 10/18/17
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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 <b>Annual</b> <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) <b>Muny Sunk Stables</b>	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. <b>016397</b>	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		740 Old Clear Creek Road Hendersonville, NC Zip Code <b>28792</b> Tel No. <b>(828)606-3915</b> County <b>Henderson</b>
8. Name and Address of Owner (Please print or type) <b>Muny Sunk Stables</b> 740 Old Clear Creek Road Hendersonville, NC Zip Code <b>28792</b> Tel No. <b>(828)606-3915</b> County <b>Henderson</b>			9. Name and Address of Veterinarian (Please print or type) <b>Ann Stuart</b> 29 Monticello Road Weaverville, NC Zip Code <b>28787</b> Tel No. <b>(828)658-8989</b> County <b>Buncombe</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.

10. Signature of Federally Accredited Veterinarian 	11. Type or Print Signature Name <b>Ann Stuart</b>	12. Signature Date <b>10/18/17</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.

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	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Fiddy			Fiddy Munny aka Fiddy	Bay	Warmblood		06/04/2017	F	


**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



**Narrative Description and Remarks**

25. Head	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 <b>Larch Hill Laboratory Earlville, NY</b>	32. Date Received <b>10/21/17</b>	33. Date Reported Out <b>10/22/17</b>	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 		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).**