

U.S. Department of Agriculture
Animal and Plant Health Inspection Service
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.14)

Serial No.

591070

1. Accession Number

ORCH00030369

2. Date Blood Drawn

03/28/2017

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"/> Annual Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Re-test <input type="checkbox"/> First Test <input type="checkbox"/> Export <input type="checkbox"/>		7. Name and Address of Stable/Market (Please print or type) Competition Farm	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. VM8185	
6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		5146 Volunteer Road Fort Lauderdale, FL Tel No. (954) 214-0596 Zip Code 33330 County Broward	
8. Name and Address of Owner (Please print or type) Ricardo Caballero 18965 SW 33 Court Miramar, FL Tel No. (305) 431-8387 County Broward		9. Name and Address of Veterinarian (Please print or type) Ricardo T. Caballero 8579 NW 186 Street Hialeah, FL Tel No. (305) 816-9990 Zip Code 33015 County Miami-Dade	

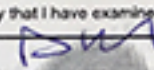
Certification of Federally Accredited Veterinarian

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 Ricardo T. Caballero	12. Signature Date 04/03/2017
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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 Ricardo Caballero	15. Signature Date 3/28/17
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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
454241	RFID: 981020013625363	--	Eta Enchanted	Gray	Welsh Pony	--	06/20/2007	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**Narrative Description and Remarks**

25. Head Blaze	26. Other Marks and Brands branding on left hip
27. Left Forelimb --	28. Right Forelimb --
29. Left Hindlimb Sock	30. Right Hindlimb Sock

For Laboratory Use Only

31. Laboratory Name/City/State Antech Diagnostics Lake Success, NY	32. Date Received 04/03/2017	33. Date Reported Out 03/30/2017	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 Janice DeFalco		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 100).