

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

SERIAL NO.
S 1531899

1. AC
1800749991

2. DATE BLOOD DRAWN
29 May 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 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) Justin Farms 100 Schmitt Ln Circleville, NY Tel No. 845-361-5085 County Ulster Zip Code 10919 | |
| 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG: | 5. VETERINARY LICENSE OR ACCREDITATION NO. 014540 | 6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID | |
| 8. NAME AND ADDRESS OF OWNER (Please print or type) Justin 117 East 37th St Apt 22B New York NY Tel No. 845-361-5085 County Ulster Zip Code 10022 | | 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Mid Hudson Equine of Highland 117 Crow Hill Rd Highland, NY 12528 Tel No. 845-790-5052 County Ulster Zip Code | |

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>[Signature]</i> | 11. TYPE OR PRINT SIGNATURE NAME Sarah Faber | 12. SIGNATURE DATE 29 May 17 |
|--|---|---------------------------------|

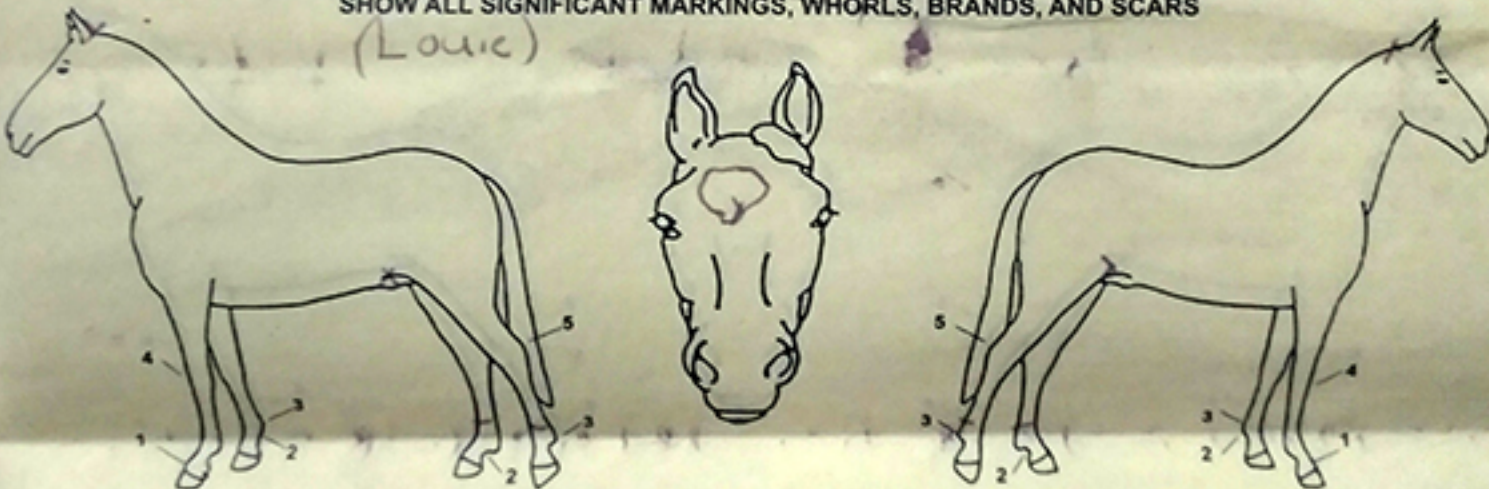
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 |
|---|----------------------------------|--------------------|

| | | | | | | | | | |
|--------------|----------------------|------------------|--|-------------------|-----------------------|-------------------------|--------------------------|--------------|---|
| 16. Tube No. | 17. Official Tag No. | 18. Tattoo/Brand | 19. Name of Horse Haymes Louis Venetian | 20. Color Grey | 21. Breed Weiss/IB | 22. Electronic I.D. No. | 23. Age or DOB 8/2015 | 24. Sex G | M - Male F - Female G - Gelding N - Neuter |
|--------------|----------------------|------------------|--|-------------------|-----------------------|-------------------------|--------------------------|--------------|---|

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

| | |
|---------------------------|----------------------------|
| 25. HEAD STAR | 26. OTHER MARKS AND BRANDS |
| 27. LEFT FORELIMB | 28. RIGHT FORELIMB |
| 29. LEFT HINDLIMB SOCK | 30. RIGHT HINDLIMB SOCK |

FOR LABORATORY USE ONLY

| | | | |
|--|-----------------------------|---------------------------------|--|
| 31. LABORATORY NAME/CITY/STATE IDEXX LABORATORY 3 CENTENNIAL DR NORTH GRAFTON MA 01536 | 32. DATE RECEIVED 6-1-17 | 33. DATE REPORTED OUT 6-2-17 | 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).