

BLAINE

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0570 - 0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555 15)

SERIAL NO.

U604387

1. ACCESSION NUMBER

84035-1

2. DATE BLOOD DRAWN

3/10/17

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 type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Same		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. V1002005	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		ZIP Code
8. NAME AND ADDRESS OF OWNER (Please print or type) Marylat Gallagher 4000 Main St Thompson ND			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) John M. Washburn 123 South Hill Rd Thompson ND		
Tel No.		County	Tel No.		County

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>John M. Washburn</i>		11. TYPE OR PRINT SIGNATURE NAME John M. Washburn		12. SIGNATURE DATE 3/10/17	
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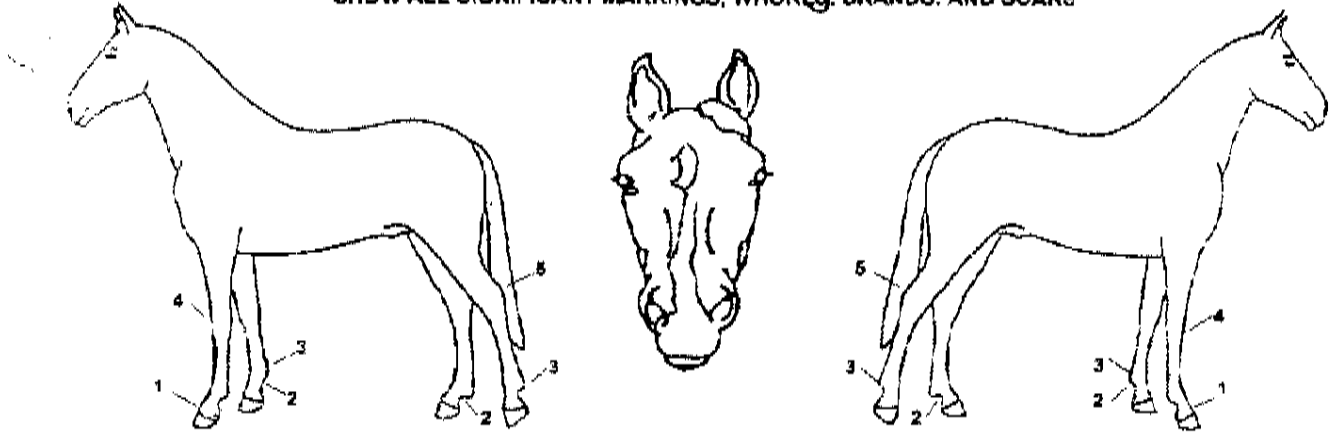
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the 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	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age in Days	24. Sex	M - Male F - Female G - Gelding SP - Spayed Female
			Blind Steep "Blaine"	bay	TR		12	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Shoe Steep, snip conjoined		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		32. DATE RECEIVED 3/13/17	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
35. SIGNATURE OF TECHNICIAN <i>RC</i>			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).