

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
 (VS Memorandum 555.16)

SERIAL NO.

U 536288

1. ACCESSION NUMBER

17047425

2. DATE BLOOD
DRAWN

4/13/17

 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 type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" 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) Same	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 057998	
6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		ZIP Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) Lauri Carrier 307 Bensen Rd Victor NY		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Kelly Neale 3290 Algexine St Stanley NY	
Tel No.		Tel No. (585) 261-6270	
County		County Ontario	

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>Kelly Neale</i>	11. TYPE OR PRINT SIGNATURE NAME Kelly Neale	12. SIGNATURE DATE 4/13/17
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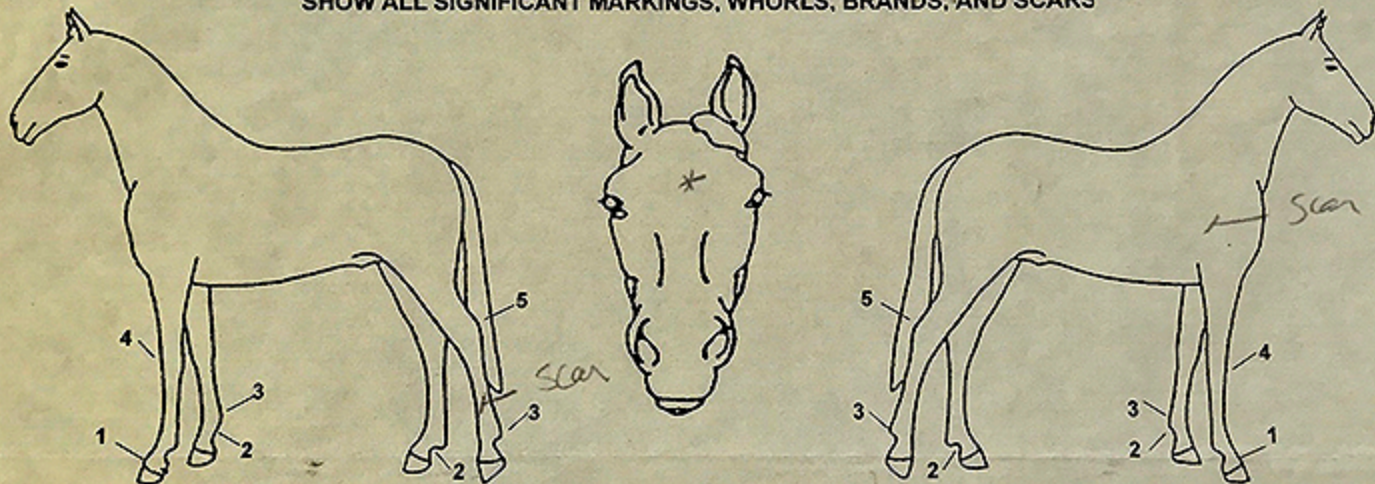
CERTIFICATION OF OWNER OR OWNER'S AGENT

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	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 or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
			Anna Belle	Bay	Andalusian		9	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	28. OTHER MARKS AND BRANDS Single Whorl
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE VET LAB OF ROCHESTER 825 WHITE SPRUCE BLVD ROCHESTER NY 14623	32. DATE RECEIVED 4/17/17	33. DATE REPORTED OUT 4/18/17	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 <i>Lane</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).