


U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555,16)	Serial No.	1. Accession Number	2. Date Blood Drawn
	634145	17-L08352	09/18/2017

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"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) Lori Johnson
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. VM8406	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		3430 SE 171st Street Hawthorne, FL Zip Code 32640 Tel No. (443) 758-6882 County Alachua
8. Name and Address of Owner (Please print or type) Lori Johnson 3430 SE 171st Street Hawthorne, FL Zip Code 32640 Tel No. (443) 758-6882 County Alachua		9. Name and Address of Veterinarian (Please print or type) Erica M. Lacher 22837 NW 22nd Avenue Newberry, FL Zip Code 32669 Tel No. (352) 331-8434 County Alachua		

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 Erica M. Lacher	12. Signature Date 09/19/2017
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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		15. Signature Date					
16. Tube No. 6	17. Official Tag No. --	18. Tattoo/Brand --	19. Name of Horse Millie	20. Color Bay	21. Breed Dutch Warmblood	22. Electronic I.D. No. Other: Reg Name: Aero Miles	23. Age or DOB 01/01/2004	24. Sex F	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Snip Star Strip	26. Other Marks and Brands marking on lower lip
27. Left Forelimb Sock	28. Right Forelimb --
29. Left Hindlimb Sock	30. Right Hindlimb Sock

For Laboratory Use Only

31. Laboratory Name/City/State Equine Medical Center Laboratory Ocala, FL	32. Date Received 09/21/2017	33. Date Reported Out 09/22/2017	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 Virginia Hill		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).