

See reverse for more OMB information.

**Fixed results.**

U.S. DEPARTMENT OF AGRICULTURE  
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
 (VS Memorandum 555.18)

SERIAL NO. <b>K 359127</b>	1. ACCESSION NUMBER <b>47-46002</b>	2. DATE BLOOD DRAWN <b>10/6/17</b>
-------------------------------	--	---------------------------------------

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) <b>540</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		8. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>133 Murry River Rd Lexington Va 2</b>	
8. VETERINARY LICENSE OR ACCREDITATION NO. <b>077123</b>		9. NAME AND ADDRESS OF OWNER (Please print or type) <b>Terry Whitmore 389 N. Red mill Rd Natural Bridge, Va Tel No. 540-462-3052</b>	
9. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <b>[Signature]</b>	
10. NAME AND ADDRESS OF OWNER (Please print or type) <b>389 N. Red mill Rd Natural Bridge, Va Tel No. 540-462-3052</b>		11. TYPE OR PRINT SIGNATURE NAME <b>Dr. Ford</b>	
11. ZIP CODE <b>24578</b>		12. SIGNATURE DATE <b>10/10/17</b>	
12. COUNTY <b>Rockbridge</b>		13. SIGNATURE OF OWNER OR OWNER'S AGENT <b>[Signature]</b>	
13. COUNTY <b>Rockbridge</b>		14. TYPE OR PRINT SIGNATURE NAME <b>[Signature]</b>	
14. COUNTY <b>Rockbridge</b>		15. SIGNATURE DATE <b>10/10/17</b>	

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

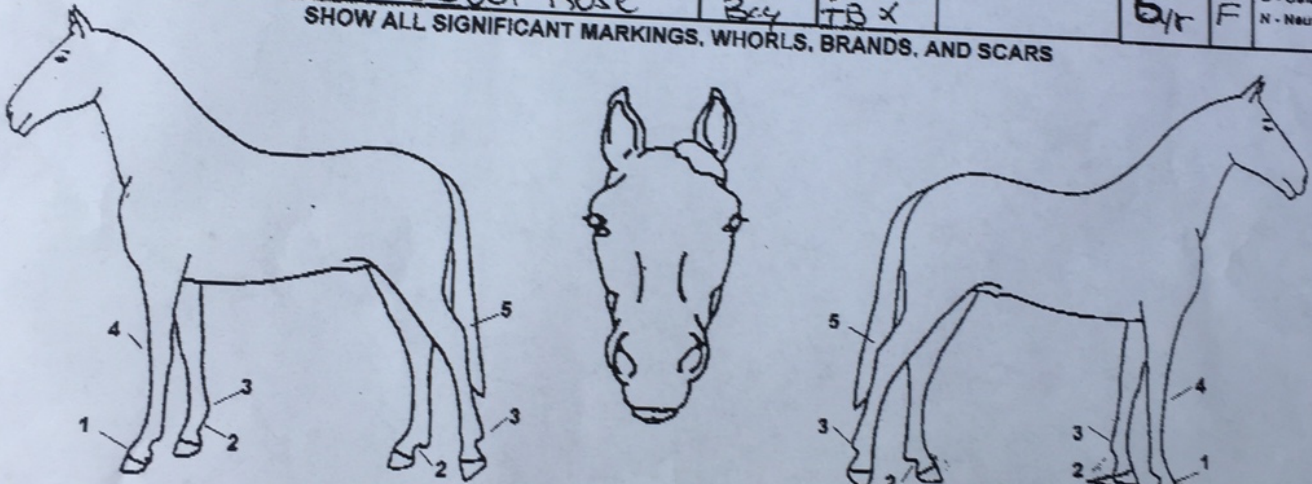
**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse <b>Knock out Rose</b>	20. Color <b>Black Bay</b>	21. Breed <b>Dutch Warm TB X</b>	22. Electronic I.D. No.	23. Age or DOB <b>6yr</b>	24. Sex <b>F</b>	25. 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	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 <b>VDACS Lynchburg RAHL Lynchburg, VA 434-200-9988</b>	32. DATE RECEIVED <b>10-10-17</b>	33. DATE REPORTED OUT <b>10-10-17</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN <b>[Signature]</b>		35. REMARKS <b>Fixed 10-10-17</b>

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).

RECEIVED  
 2017 OCT 10 PM 12:01  
 VDACS LYNCHBURG LAB