



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

SERIAL NO.

U 226172

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

2/24/17

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"/> Export		<input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>Shallow Well Farm</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>DM444</i>		6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>Tommy Kincaid</i> <i>1375 Shallow Well Rd</i> <i>Manakin-Sabot, VA 22802</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) VIRGINIA EQUINE PLLC <i>1994 Shallow Well Rd.</i> <i>Manakin-Sabot, VA 22802</i>		ZIP Code <i>22802</i>	
Tel No.		County		Tel No. <i>804.784.5419</i> 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>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME <i>Timothy A. Nais DVM</i>	12. SIGNATURE DATE <i>3/20/17</i>
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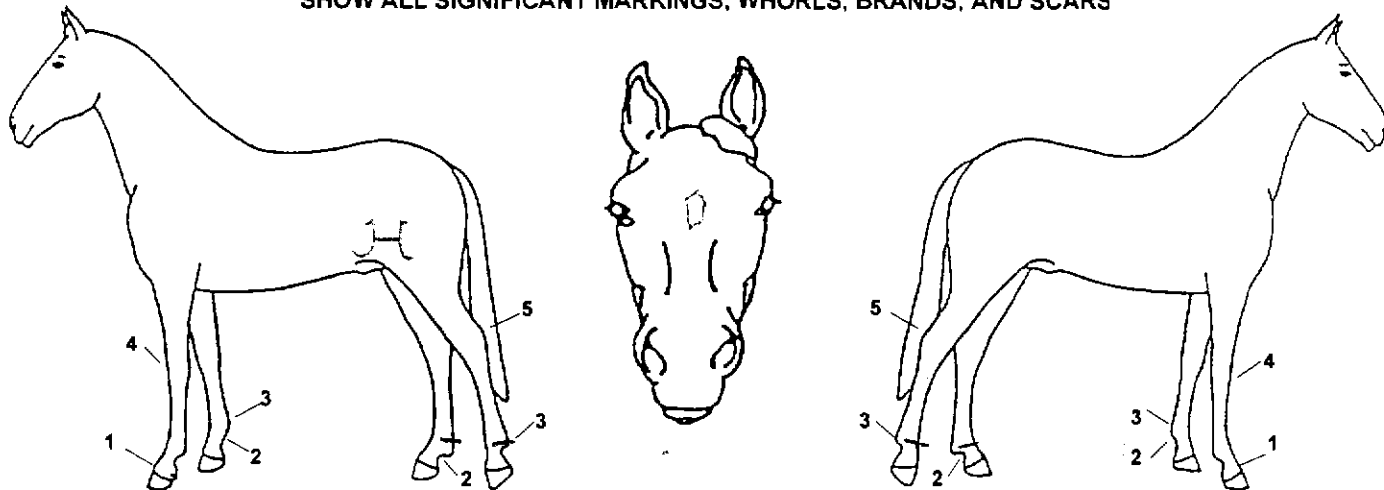
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag	18. Tattoo/Brand <i>H</i>	19. Name of Horse <i>Erastia La Lika</i>	20. Color <i>Bay</i>	21. Breed <i>Quarter Horse</i>	22. Electronic I.D. No.	23. Age or DOB <i>5:00</i>	24. Sex <i>F</i>	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Star</i>	26. OTHER MARKS AND BRANDS <i>Blaze Left side</i>
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Sock</i>	30. RIGHT HINDLIMB <i>Sock</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE IDEXX LABORATORY 3 CENTENNIAL DR NORTH GRAFTON MA 01536	32. DATE RECEIVED <i>3/20/17</i>	33. DATE REPORTED OUT <i>3/20/17</i>	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>[Signature]</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).