



ATCH0022116 4  
 Coggins AGID  
 100 UL SER  
 INV: 155

LABORATORY CODE  
 0022

DEPARTMENT OF AGRICULTURE  
 HEALTH INSPECTION SERVICE  
**ANEMIA LABORATORY TEST**  
(Ordinance 555, 16)

SERIAL NO.  
**U 883474**

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

12-4-17

Date 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"/> Show <input checked="" type="checkbox"/> First Test <input type="checkbox"/> Releas <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		ZIP Code _____	
5. VETERINARY LICENSE OR ACCREDITATION NO. 023796		Tel No. _____ County _____	
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)	
8. NAME AND ADDRESS OF OWNER (Please print or type) Karen Beehain 235 HARDEE RD PALMISTON, TN ZIP Code 38478 Tel No. 204 4235 County _____		10. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Palanski Vet Clinic 119 West College St Palmistn, TN ZIP Code 38478 Tel No. 203 7575 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	11. TYPE OR PRINT SIGNATURE NAME Don Malone DVM	12. SIGNATURE DATE 12-4-17
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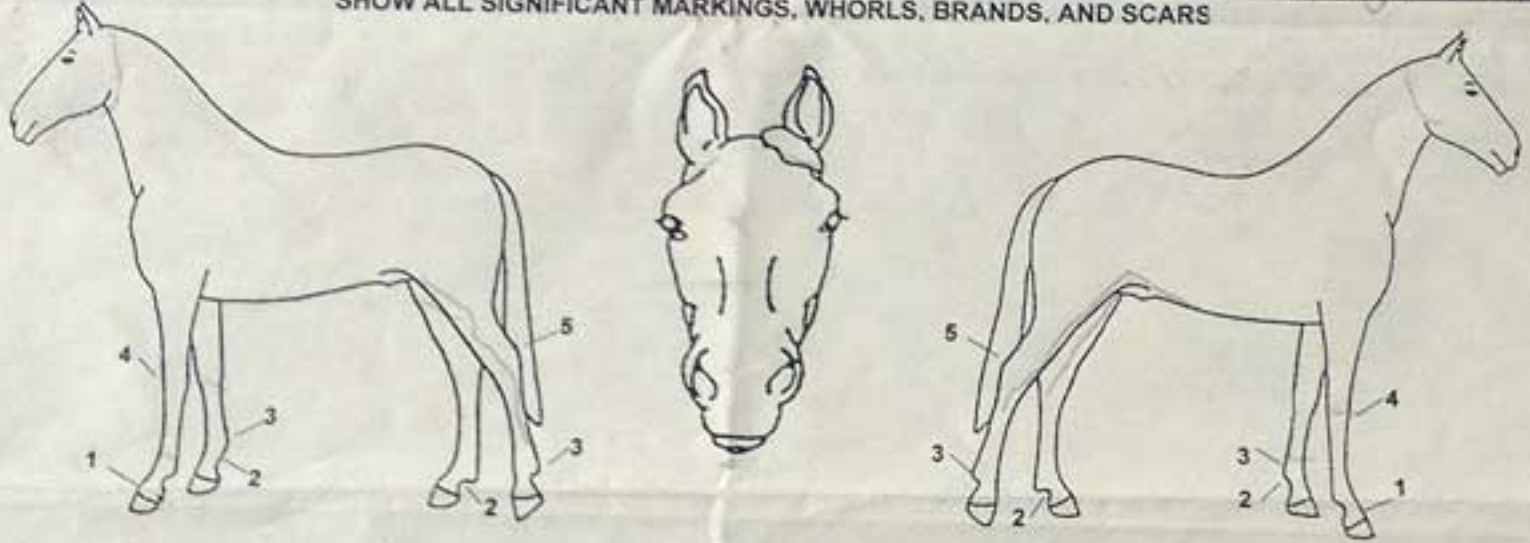
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 Karen Beehain	15. SIGNATURE DATE 12-4-17
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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
			SHADOW	Dark Bay	AGH		long		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD KALD FACE	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB black sock	28. RIGHT FORELIMB stocking
29. LEFT HINDLIMB stocking up flank	30. RIGHT HINDLIMB stocking up flank

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE 	32. DATE RECEIVED 12-4-17	33. DATE REPORTED OUT 12/4/17	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 		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).