

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

SERIAL NO. **U 1218054** 1. ACCESSION NUMBER **NYCH00 723774** 2. DATE BLOOD DRAWN **3/29/18**

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"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Willow Hill Farm 1871 Weisstown Rd Boyerstown PA ZIP Code 19512 Tel No. _____ County Berks	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 069765	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Christine Lyngarkos / Janet Kennedy 125 Pine Dr Pottstown PA ZIP Code 19415 Tel No. _____ County Chester		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Foxfield Equine 389 W Uurchian Ave Downingtown PA ZIP Code 19335 Tel No. 610-518-7100 County Chester	

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>Lauren Klutchka</i>	11. TYPE OR PRINT SIGNATURE NAME Lauren Klutchka	12. SIGNATURE DATE 3/29/18
--	--	--------------------------------------

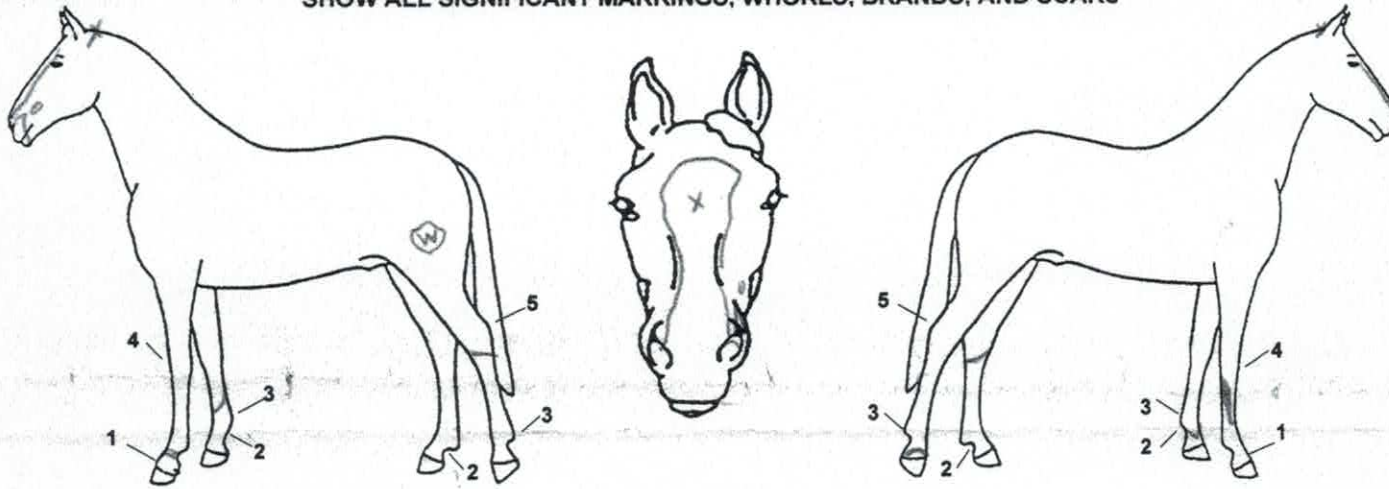
CERTIFICATION OF OWNER OR OWNER'S AGENT

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.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse All The Marbles ("Jackson")	20. Color ch.	21. Breed German Riding Pony	22. Electronic I.D. No.	23. Age or DOB 1y	24. Sex G	M - Male F - Female G - Gelding SF - Spayed Female
--------------	------------------	------------------	---	-------------------------	--	-------------------------	-----------------------------	---------------------	---

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Blaze, muzzle	26. OTHER MARKS AND BRANDS Westphalian brand & hip
27. LEFT FORELIMB sock	28. RIGHT FORELIMB Pastern
29. LEFT HINDLIMB stocking	30. RIGHT HINDLIMB lateral pastern

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ANTECH DIAGNOSTICS 1111 MARCUS AVE. SUITE M28 LAKE SUCCESS, NY 11042 PHONE: 404-367-8344	32. DATE RECEIVED 3-30-18	33. DATE REPORTED OUT 4-1-18	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 1007).