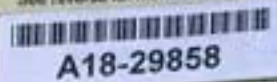


See reverse for more OMB information.



A18-29858

DEPARTMENT OF AGRICULTURE
HEALTH INSPECTION SERVICE
LEPHEMIA LABORATORY TEST
(Regulation 305.14)

SERIAL NO.
U1424550

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN
3/9/18

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
 Market Change of Ownership Show First Test Release Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
 LAT: _____ LONG: _____

5. VETERINARY LICENSE OR ACCREDITATION NO.
8912

6. TEST TYPE
 ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
 Same As Owner

8. NAME AND ADDRESS OF OWNER (Please print or type)
 G. J. Perry
 3487 Watson Mill Rd
 Colbert, GA
 ZIP Code 30674 County Madison

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
 Thomas McVair
 1093 Lexington Rd
 Washington, GA
 ZIP Code 30675 County Wilkes

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
 [Signature]

11. TYPE OR PRINT SIGNATURE NAME
 Thomas McVair DVM

12. SIGNATURE DATE
 3/17/18

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.

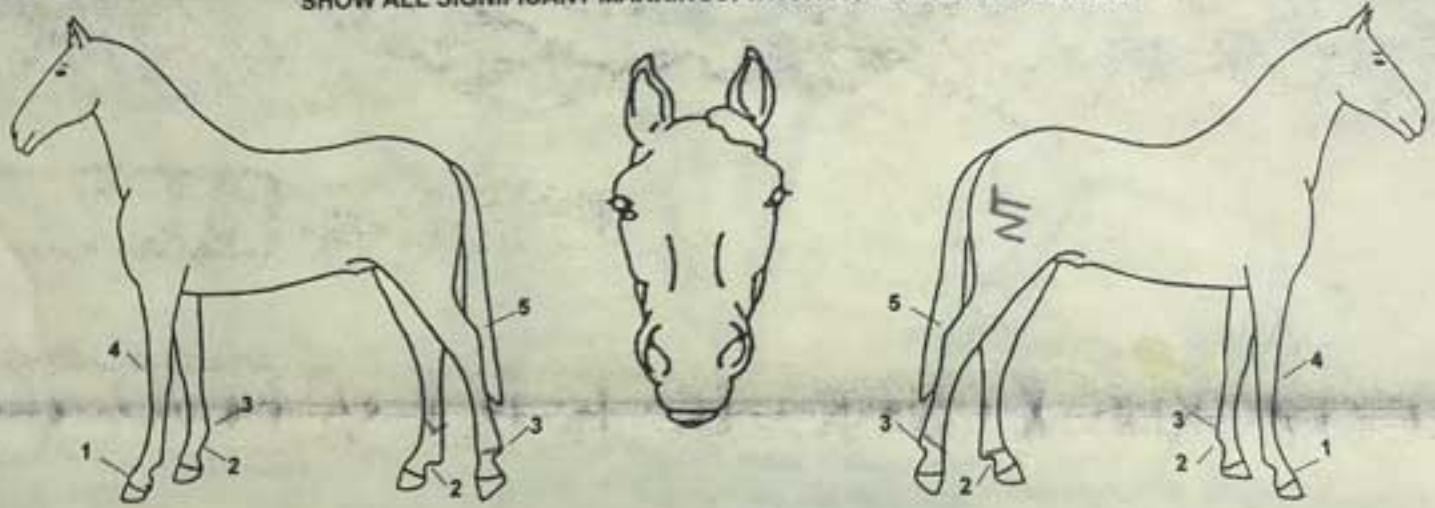
13. SIGNATURE OF OWNER OR OWNER'S AGENT
 Brianna McLeary

14. TYPE OR PRINT SIGNATURE NAME
 Brianna McLeary

15. SIGNATURE DATE
 3/17/18

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 SP - Spayed Female
Tab -	5		Red Hardy Eddie	Roan	AQHA		4/24/15	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD _____

26. OTHER MARKS AND BRANDS AS DRAWN

27. LEFT FORELIMB _____

28. RIGHT FORELIMB _____

29. LEFT HINDLIMB Pastern

30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
 ATHENS DIAGNOSTIC LAB
 COLLEGE OF VET MED USA
 ATHENS GA 30602
 706-542-5568

32. DATE RECEIVED
 3-13-18

33. DATE REPORTED OUT
 3-14-18

34. TEST RESULTS
 Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN
 R. CURRIE

36. REMARKS
 NEGATIVE AGID

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).