

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

SERIAL NO.

v 05917

1. ACCESSION NUMBER



2. DATE BLOOD DRAWN

5/23/18

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"/> 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)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 35276	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		ZIP Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) Rachel Malloney 6200 N Casabel Rd Benson AZ Tel No. 520 468-8533		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Desert Cross Vet Hospital 651 S Dusty Trail Thatcher AZ Tel No. 928-348-0026	
County Cochise		County Graham	

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 Dr. Debbie Chapman	12. SIGNATURE DATE 5/23/18
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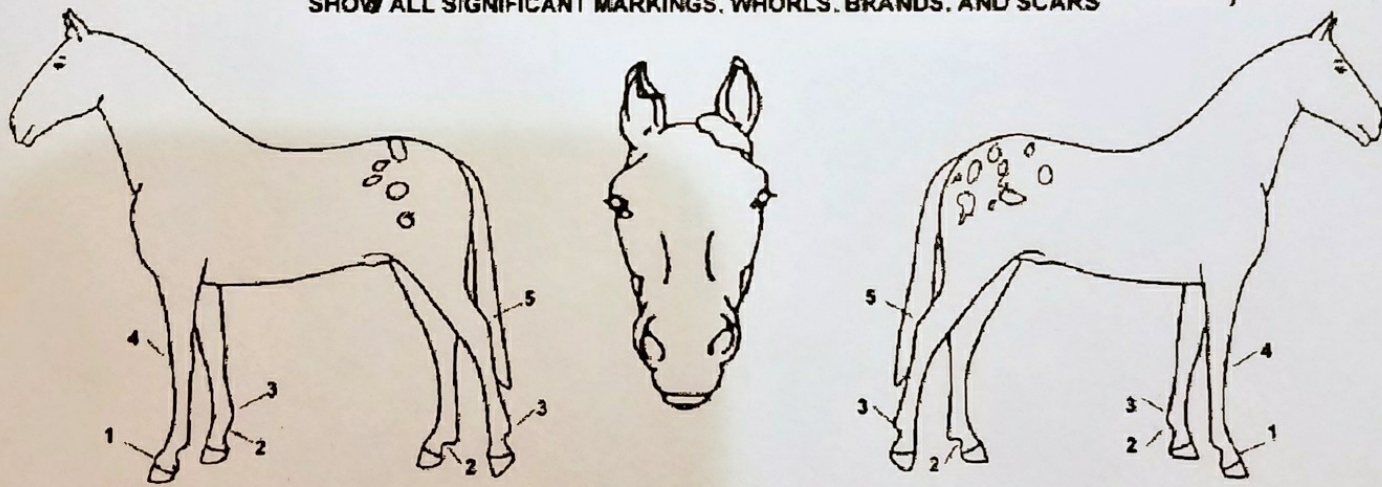
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Rachel Malloney	15. SIGNATURE DATE 5/23/18
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Mountain	20. Color Bay/Red W/SPOTS	21. Breed Arabian Appaloosa	22. Electronic I.D. No.	23. Age or DOB 12y	24. Sex G	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	26. OTHER MARKS AND BRANDS ear notch on @ ear
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE IDEXX LABS INC-AZ 11034 N 23RD DR-STE 100 PHOENIX, AZ 85029 (602) 906-2900	32. DATE RECEIVED 5/24/18	33. DATE REPORTED OUT 5/25/18	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 Bue Earl		36. REMARKS AP706	

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).