

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

SERIAL NO. **U 379256** 1. ACCESSION NUMBER **89411-2** 2. DATE BLOOD DRAWN **1-24-18**

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 type="checkbox"/> Retest <input type="checkbox"/> Export <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) same as #8	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 032139	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Jane Petrolino 224 Northfield Rd Ridgefield, VT		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Hopewell Vet Group 230 Hopewell Pennsylvania Rd Hopewell, VT	
Tel No. _____ County 08551		Tel No. _____ County 08525	

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 Oliver Elbert Dun	12. SIGNATURE DATE 1-24-18
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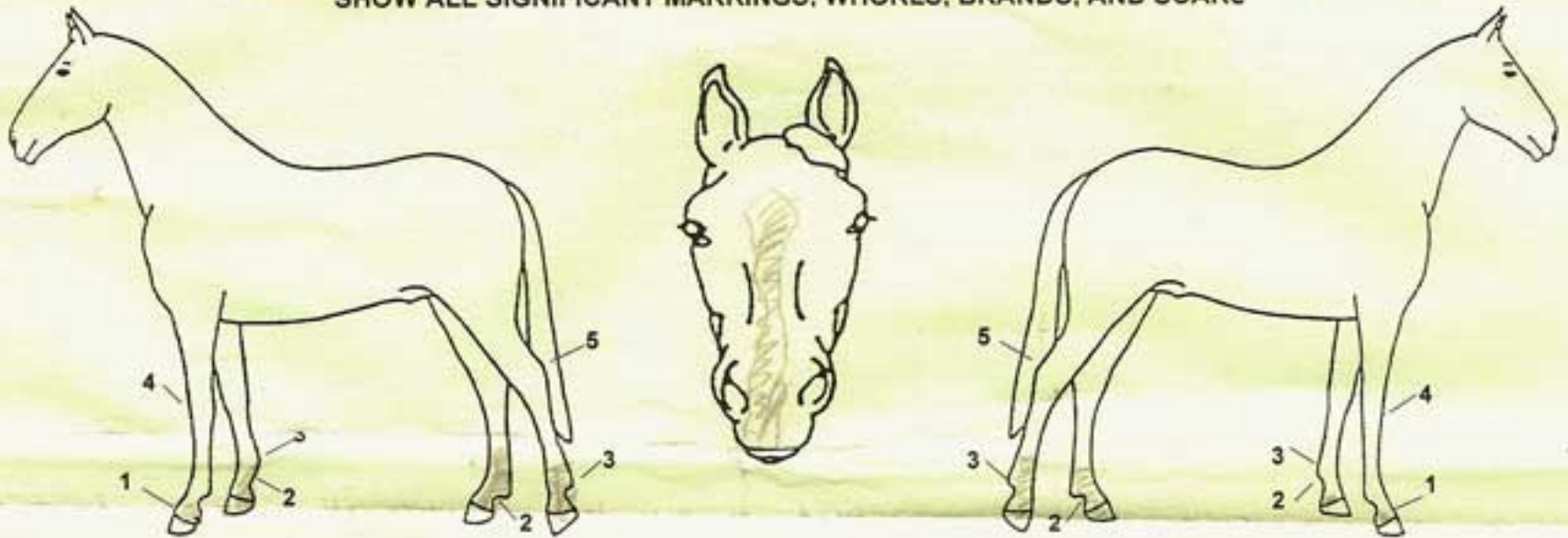
CERTIFICATION OF OWNER OR OWNER'S AGENT

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	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse A Horse	20. Color Bay	21. Breed Dutch WB	22. Electronic I.D. No.	23. Age or DOB 13	24. Sex F	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 slm strip snip connected	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB no markings	28. RIGHT FORELIMB outlet higher inside
29. LEFT HINDLIMB 1/2 stock	30. RIGHT HINDLIMB 1/2 stock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE [Barcode]	32. DATE RECEIVED 1/25/18	33. DATE REPORTED OUT	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN		36. REMARKS	