

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

SERIAL NO. **U 1462654**
1. ACCESSION NUMBER **W15 16614**
2. DATE BLOOD DRAWN **4/2/18**

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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Relest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) same as owner	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 001301	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	ZIP Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) Ms. Lisa Kline 17707 Lakotfield Rd. Round Hill, Va ZIP Code 20141		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Andrea L. Russell, DVM PC PO Box 1567 Middleburg, Va. ZIP Code 20118	
Tel No. (540) 338-3528 County Loudoun		Tel No. (540) 687-6359 County Loudoun	

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.

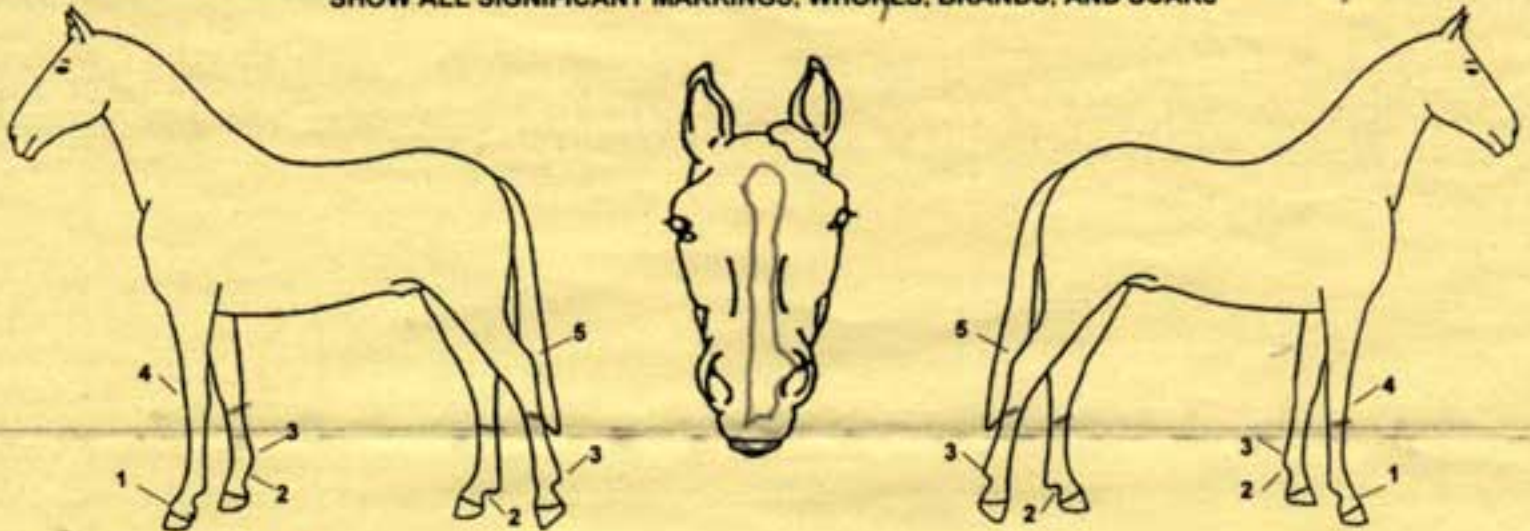
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Andrea L. Russell, DVM</i>	11. TYPE OR PRINT SIGNATURE NAME Andrea L. Russell, DVM	12. SIGNATURE DATE 4/2/18
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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			
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		
11			Ideal Guest	Gray	Welsh-x		3yr.	F			

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, snip on lower lip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB white to carpus
29. LEFT HINDLIMB white 3/4 Cannon bone	30. RIGHT HINDLIMB white 3/4 Cannon bone

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE VDACS ANIMAL HEALTH LAB 272 ACADEMY HILL RD. WARRENTON, VA 20188 540316 6543	32. DATE RECEIVED 4-4-18	33. DATE REPORTED OUT 4/19/18	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 1001).