See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
T 1382821	H17 [illegible]	9/15/17

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 ☐ Retest ☐ First Test ☐ Export

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

5. VETERINARY LICENSE OR ACCREDITATION NO: 025806 / 030 [illegible]

6. TEST TYPE: ☐ ELISA ☒ AGID

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

Sand

ZIP Code

Tel No. | County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Mark Lowstuter

[illegible]

Troutville VA ZIP Code 24175

Tel No. | County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Mountain View Equine Vet

[illegible]

Stocks Tavern VA ZIP Code 24179

Tel No. | County

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	12. SIGNATURE DATE
[signature]	Scott Trinkle	9/15/17

CERTIFICATION OF OWNER OR OWNER'S AGENT

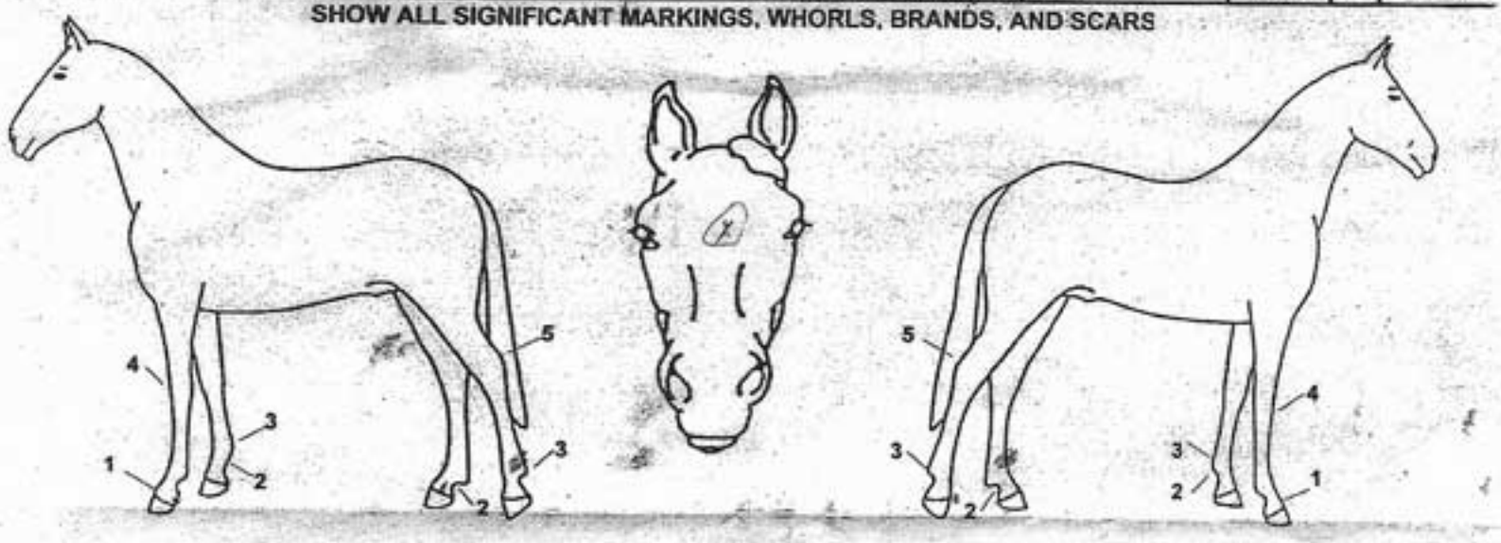
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

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
			Lands End Misty	chestnut	with/TB		2015	F

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: Star X = whorl

26. OTHER MARKS AND BRAND$

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB: SNIP

30. RIGHT HINDLIMB: White patch distal cannon

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: Harrisonburg Animal Health Lab, AGID - Negative, SEP 22 2017, 540-209-9130, Harrisonburg VA 22802

32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
9-20-17		☒ Negative ☐ Positive ☐ AGID ☐ ELISA
35. SIGNATURE OF TECHNICIAN		**36. REMARKS**
JC/BLH (2)		

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).

VS FORM 10-11 (MARCH 2014)