

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. T 1382822	1. ACCESSION NUMBER 107 44258	2. DATE BLOOD DRAWN 9/18/17
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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 type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SCOTTS ZIP Code _____ Tel No. _____ County _____
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 023806
6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) MARY SHAW PERINS 1100 PISTON KUNLAK PLYMOUTH VA ZIP Code 24435 Tel No. _____ County _____
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) P. DAVIS, VMD, CVT, PhD 109 Hill Bldg STOKES TOWN VA ZIP Code 24416 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 Scott Perins	12. SIGNATURE DATE 9/18/17
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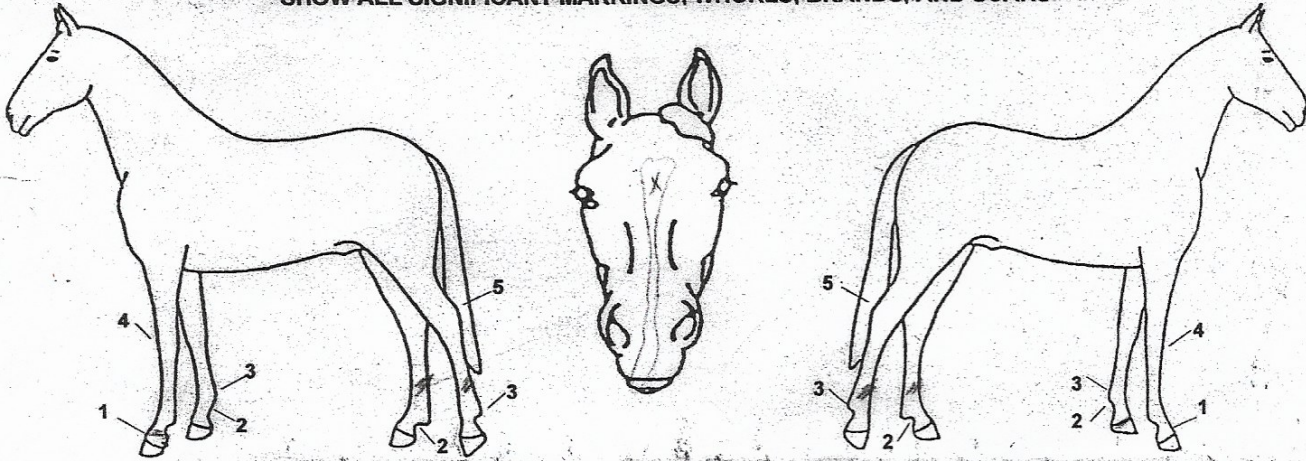
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 MARY SHAW PERINS	15. SIGNATURE DATE 9/18/17
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Lark Ford Cinnamon	20. Color LW	21. Breed Stock Horse	22. Electronic I.D. No.	23. Age or DOB 2016	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 Star shape on lip x = whorl	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Stock	28. RIGHT FORELIMB
29. LEFT HINDLIMB Stocking	30. RIGHT HINDLIMB Stocking

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Harrisonburg, VA AGID - Negative SEP 22 2017 540-209-9130	32. DATE RECEIVED 9-20-17	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN JC/BLH		36. REMARKS (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).