

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555 18)

SERIAL NO. **U 1462669**  
1. ACCESSION NUMBER **WAG 70080**  
2. DATE BLOOD DRAWN **4/13/18**

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"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>Full Cry Farm</b> <b>Full Cry Lane</b> <b>Middleburg, Va</b> Tel No. _____ ZIP Code _____ County <b>Fauquier</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>001301</b>	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>Andrea L. Russell, DVM PC</b> <b>P.O. Box 1529</b> <b>Middleburg, Va</b> Tel No. <b>(540) 680-6359</b> ZIP Code <b>20118</b> County <b>Loudoun</b>
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>Mr. Oliver Brown</b> <b>15005 Oakland Rd.</b> <b>Kesha, Va.</b> Tel No. <b>(540) 279-7752</b> ZIP Code <b>22735</b> 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 <i>Andrea L. Russell, DVM</i>	11. TYPE OR PRINT SIGNATURE NAME <b>Andrea L. Russell, DVM</b>	12. SIGNATURE DATE <b>4/13/18</b>
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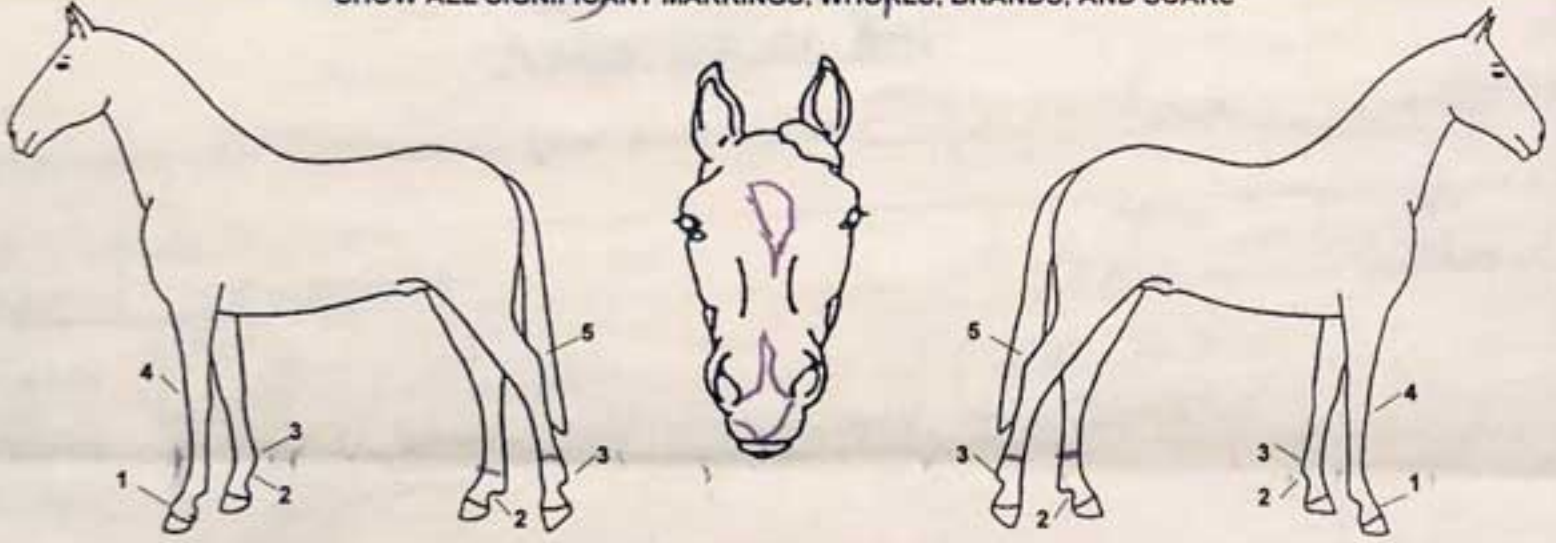
CERTIFICATION OF OWNER OR OWNER'S AGENT

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	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
<b>4</b>			<b>T'm Talking</b>	<b>DK Bay</b>	<b>Welsh</b>		<b>10yrs</b>	<b>G</b>	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <b>Star, partial strip, snip</b>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <b>white 1/3 cannon bone</b>	30. RIGHT HINDLIMB <b>white 1/3 cannon bone</b>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <b>VDACS ANIMAL HEALTH LAB</b> <b>272 ACADEMY HILL RD.</b> <b>WARRENTON, VA 20188</b> <b>540-318-6543</b>	32. DATE RECEIVED <b>4.12.18</b>	33. DATE REPORTED OUT <b>4.19.18</b>	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 <b>Hold</b>

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).