

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555 16)

SERIAL NO.

U 135081

1. ACCESSION NUMBER

18-11648

2. DATE BLOOD
DRAWN

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 First Test Refeal Export

4. GEOGRAPHIC INFORMATION SYSTEMS (ORS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

6. TEST TYPE

 ELISA AGID

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

ZIP Code

Tel No.

County

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

Ellen Zecher

16208 Appleton Dr

Fallon, NV

ZIP Code

Tel No.

515-301-0202

County

Clark

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

Catherine Capone

1000 E. 38th

Las Vegas, NV

ZIP Code

Tel No.

702-231-4111

County

Clark

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

[Signature]

11. TYPE OR PRINT SIGNATURE NAME

Catherine Capone

12. SIGNATURE DATE

5-5-18

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.

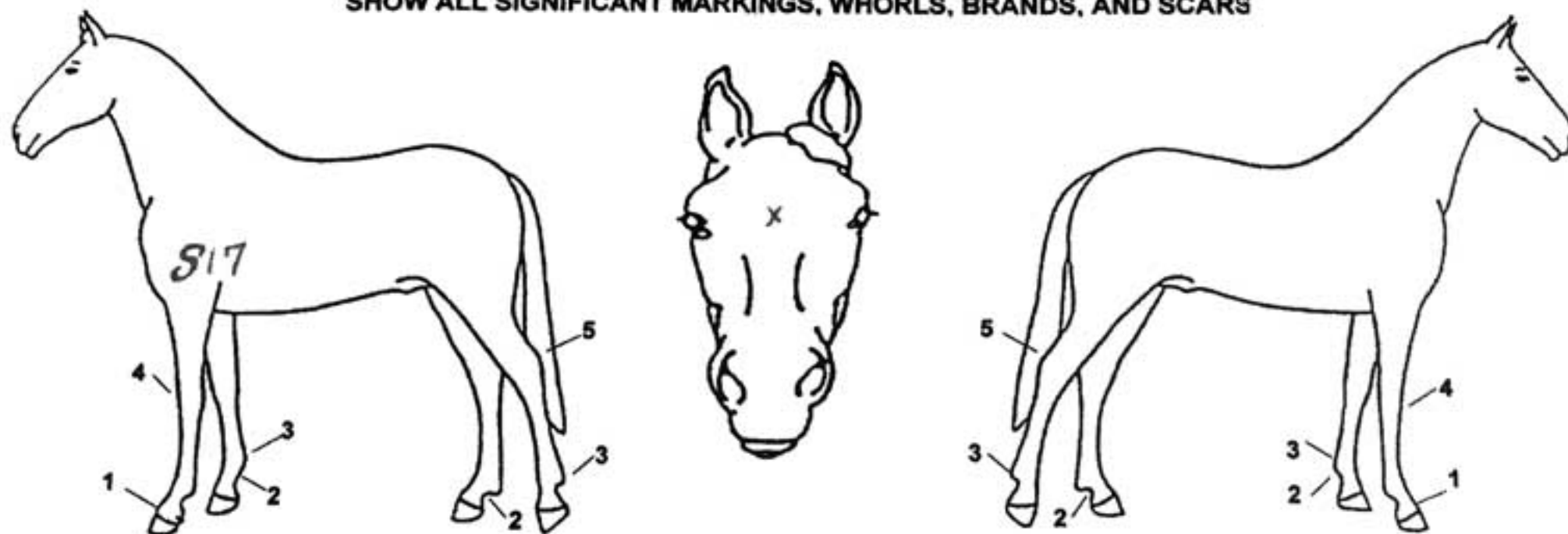
13. SIGNATURE OF OWNER OR OWNER'S AGENT

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
7		S17	Apple	Gray	Warmblood		11yr	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

Central whorl in forehead @ eye level

26. OTHER MARKS AND BRANDS

S17 and Apple

27. LEFT FORELIMB

no white markings

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB