

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

SERIAL NO. **U 1463778** 1019-119166
1. ACCESSION NUMBER
2. DATE BLOOD DRAWN 03/16/2018

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 type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) TINA SCOTT 6703 GREEN ROAD WARRENTON, VA ZIP Code 20186 Tel No. 540 529 8297 County FAUQUIER	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 0301005730	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) TINA SCOTT 7271 SEATON LANE WARRENTON, VA ZIP Code 20187 Tel No. 540 529 8297 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) WHITE OAK VETERINARY SERVICE, P.C. P.O. BOX 78 - AMISSVILLE, VA ZIP Code 20106 Tel No. (540) 675-1138 County RAPP	

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 Steve White, DVM	12. SIGNATURE DATE 3/16/2018
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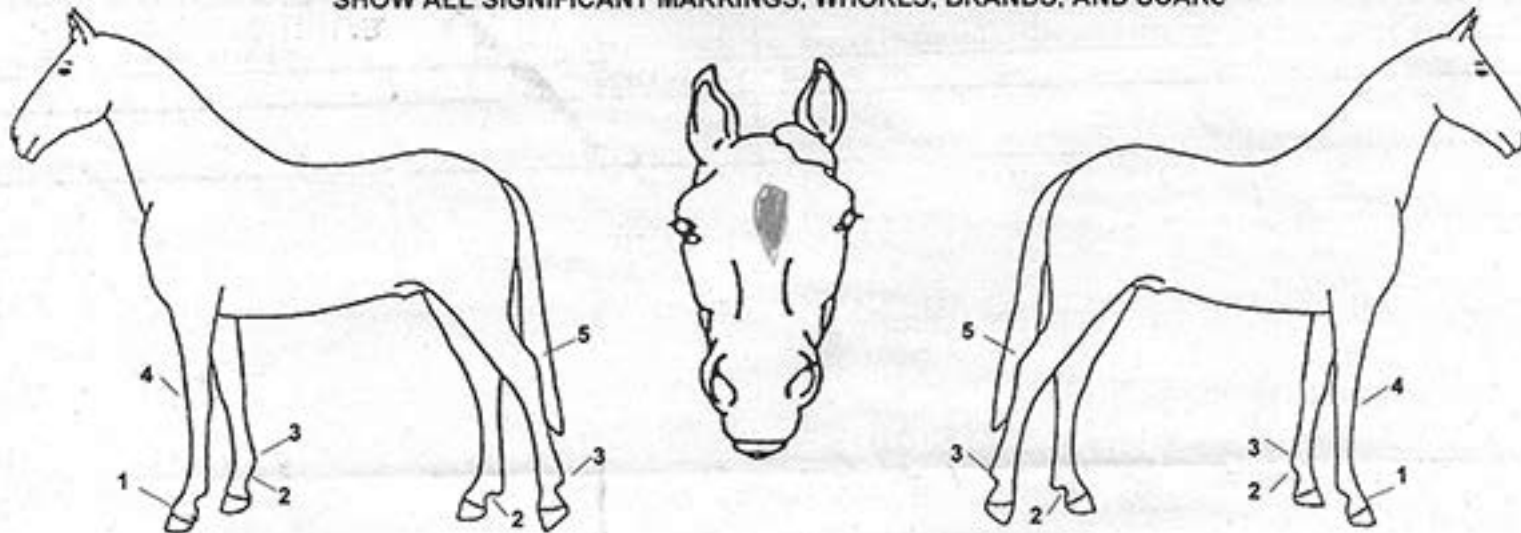
CERTIFICATION OF OWNER OR OWNER'S AGENT

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
3			LIL BLUE BUGABOO	ROAN	WELSH		5/7/17	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD WHITE STAR	26. OTHER MARKS AND BRANDS NO WHITE BODY MARKINGS
27. LEFT FORELIMB NO WHITE MARKING	28. RIGHT FORELIMB NO WHITE MARKING
29. LEFT HINDLIMB NO WHITE MARKING	30. RIGHT HINDLIMB NO WHITE MARKING

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE VDACS ANIMAL HEALTH LAB 272 ACADEMY HILL RD. WARRENTON, VA 20188 (540) 316-8543	32. DATE RECEIVED 2-19-18	33. DATE REPORTED OUT 3/22/18	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).