

U.S. Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555, 16)	Serial No. <b>657648</b>	1. Accession Number 92808341	2. Date Blood Drawn 01/22/2018
--	-----------------------------	---------------------------------	-----------------------------------

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 Annual <input type="checkbox"/> Market Annual Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test Export <input type="checkbox"/>	7. Name and Address or Stable/Market (Please print or type) Susan Macmillan 260 Sawdust Rd. Liberty, SC Zip Code 29657 Tel No. (864) 843-9842 County Anderson
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 1997
6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	8. Name and Address of Owner (Please print or type) Susan Macmillan 260 Sawdust Rd. Liberty, SC Zip Code 29657 Tel No. (864) 843-9842 County Anderson
9. Name and Address of Veterinarian (Please print or type) Keith B. Stafford 201 Jim Smith Road Pendleton, SC Zip Code 29670 Tel No. (864) 303-1847 County Anderson	

#### 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>Keith Stafford</i>	11. Type or Print Signature Name Keith B. Stafford	12. Signature Date 02/05/2018
---	---	----------------------------------

#### 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 No.	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 N - Neuter
1	--	--	Dacapria	Dark Bay	Hanoverian	--	05/28/2017	F	

### SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



#### Narrative Description and Remarks

25. Head Scar	26. Other Marks and Brands --
27. Left Forelimb --	28. Right Forelimb --
29. Left Hindlimb --	30. Right Hindlimb --

#### For Laboratory Use Only

31. Laboratory Name/City/State Laboratory Solutions North Augusta, SC	32. Date Received 02/08/2018	33. Date Reported Out 02/09/2018	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 Beverly Price		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 100).