

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.10)

SERIAL NO. **T 0781506** 1. ACCESSION NUMBER **18-79310** 2. DATE BLOOD DRAWN **3-17-18**

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 Show First Test Market Change of Ownership Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG: 5. VETERINARY LICENSE OR ACCREDITATION NO. **005784** 6. TEST TYPE ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
2369 NORTON ROAD
MT. CAIN, KY
ZIP Code **41051**
County **ADAMS**
Tel No.

8. NAME AND ADDRESS OF OWNER (Please print or type)
LUDSEN, DREW
342 BIRCHWOOD DRIVE
MT. CAIN, KY
ZIP Code **41051**
County **ADAMS**
Tel No.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
JULIE WARD, DVM
4855 PETERSBURG RD
PETERSBURG, KY
ZIP Code **41020**
County **ADAMS**
Tel No.

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 **JULIE A. WARD, DVM** 11. TYPE OR PRINT SIGNATURE NAME **JULIE A. WARD, DVM** 12. SIGNATURE DATE **3-17-18**

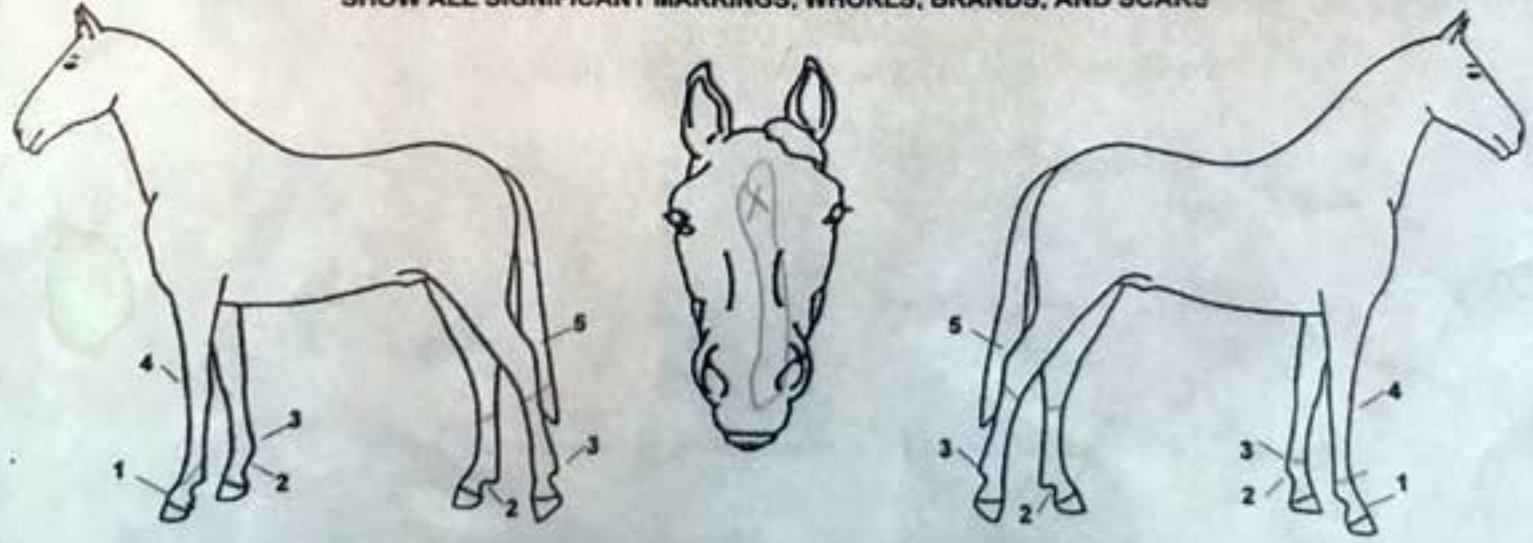
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 | 25. M - Male F - Female G - Gelding SF - Spayed Female |
|--------------|------------------|------------------|---------------------------|---------------|-----------|-------------------------|----------------|----------|---|
| 13 | | | FRENCH SONG (C.O.) | CHERRY | TB | | 9 | 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 **White blaze, single white sock** 26. OTHER MARKS AND BRANDS **X mark**

27. LEFT FORELIMB **LF white partial sock** 28. RIGHT FORELIMB **RF white partial sock**

29. LEFT HINDLIMB **LH white stocking** 30. RIGHT HINDLIMB **RH white stocking**

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
NORTHERN KY EQUINE LAB
P. O. BOX 260
BURLINGTON, KY 41005

32. DATE RECEIVED **3-20-18** 33. DATE REPORTED OUT **MAR 21 2018**

34. TEST RESULTS Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN **Julie A. England** 36. REMARKS **NEGATIVE AGID**

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).