

U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST <small>(V.S. Memorandum 305, 95)</small>	Serial No. <h1 style="text-align: center;">715063</h1>	1. Accession Number 4501668012	2. Date Blood Drawn 06/28/2018
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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 <input type="checkbox"/> Annual Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Rest <input type="checkbox"/> First Test <input type="checkbox"/> Export <input type="checkbox"/>			7. Name and Address of Trade/Market (Please print or type) Beutke Hill Performance 3931 Millikan Rd Sophia, NC Zip Code 27350 Tel No. (336) 963-4427 County Randolph		
4. Geographic Information Systems (GIS) Lat. --- Long. ---		5. Veterinary License or Accreditation No. 0301006741		6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. Name and Address of Owner (Please print or type) Beutke Hill Performance 3931 Millikan Rd Sophia, NC Zip Code 27350 Tel No. (336) 963-4427 County Randolph			9. Name and Address of Veterinarian (Please print or type) Tracy M. Brown 3207 Dora Acres Street Ashboro, NC Zip Code 27205 Tel No. (336) 629-5400 County Randolph		

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>Tracy Ann Spindle M</i>	11. Type or Print Signature Name Tracy M. Brown	12. Signature Date 07/26/2018
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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, the facts are 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 No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age at OCSB	24. Sex	25. Mark
TD0628 01			Rain	Brown/White & Fawn	Fjord		01/27/2012	F	C. Gelding

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head	None	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 IDEXX LABS North Grafton, MA	32. Date Received 07/27/2018	33. Date Reported (if different) 07/27/2018	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Abort <input type="checkbox"/> E. Inf.
	35. Signature of Technician Melissa Anyon		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 (16 C.F.R. Section 100).