

US Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555-18)	Serial No. 271676LH	1. Accession Number 355531	2. Date Blood Drawn 07/08/18
---	------------------------	-------------------------------	---------------------------------

**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 Annual <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Show <input type="checkbox"/> First Test	7. Name and Address or Stable/Market (Please print or type) Jean Rightmire	
		<input type="checkbox"/> Retest <input type="checkbox"/> Export	1986 Clarks Corners Rd	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 011220	Marathon, NY Zip Code 13803	
		6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	Tel No. (607) 849-4194 County Cortland	
8. Name and Address of Owner (Please print or type) Jean Rightmire 1986 Clarks Corners Rd Marathon, NY Zip Code 13803 Tel No. (607) 849-4194 County Cortland			9. Name and Address of Veterinarian (Please print or type) Laura Rath Brown 806 State Rte. 13 Cortland, NY Zip Code 13045 Tel No. (607) 753-3315 County Cortland	

**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>Laura Rath Brown</i>	11. Type or Print Signature Name Laura Rath Brown	12. Signature Date 07/08/18
---	--	--------------------------------

**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 No.	18. Tattoo/Brand	19. Name of Horse Risky Risky aka Risky	20. Color Bay	21. Breed Hanoverian	22. Electronic I.D. No.	23. Age or DOB 13	24. Sex G	M - Male F - Female G - Gelding N - Neuter
--------------	----------------------	------------------	--	------------------	-------------------------	-------------------------	----------------------	--------------	---

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



**Narrative Description and Remarks**

25. Head Star	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 Larch Hill Laboratory Earlville, NY	32. Date Received 07/11/18	33. Date Reported Out 07/12/18	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>Susan Fowler</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).