


U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTION ANEMIA LABORATORY TEST (VS Memorandum 555,16)	Serial No.	1. Accession Number	2. Date Blood Drawn
	679787	332885	04/02/2018

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 <input type="checkbox"/> Annual Change of Ownership	<input type="checkbox"/> Show <input type="checkbox"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) Applegate Farm
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 2954	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		298 Davis Rd Pelzer, SC Tel No. (864) 884-3967 Zip Code 29669 County Anderson
8. Name and Address of Owner (Please print or type) Kris Astle 116 Parkside Dr Simpsonville, SC Tel No. (971) 645-6647		9. Name and Address of Veterinarian (Please print or type) Tanya B. Thomas 1916 Lucknow Road Camden, SC Tel No. (803) 310-3378		Zip Code 29681 County Greenville Zip Code 29020 County Kershaw

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 Tanya B. Thomas	12. Signature Date 04/02/2018
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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					
16. Tube No. tabitha	17. Official Tag No. --	18. Tattoo/Brand --	19. Name of Horse Tabitha	20. Color Bay	21. Breed Welsh Pony	22. Electronic I.D. No. --	23. Age or DOB 01/01/2012	24. Sex F	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

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

For Laboratory Use Only

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 04/06/2018	33. Date Reported Out 04/07/2018	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 Susan E. Fowler Veterinarian Technician		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).