

U.S. Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.14)	Serial No. <b>713326</b>	1. Accession Number 97819014	2. Date Blood Drawn 07/16/2018
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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/Retest <input type="checkbox"/> First Test/Export <input type="checkbox"/>		7. Name and Address of Stable/Market (Please print or type) Susan Novotny-Hokenson	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 2815	8. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID
8. Name and Address of Owner (Please print or type) Susan Novotny-Hokenson 883 Old Tory Trail Aiken, SC Tel No. (703) 282-7058 County --		9. Name and Address of Veterinarian (Please print or type) Harvey D. Atherton PO Box 5074 Aiken, SC Tel No. (803) 522-2981 County Aiken	

**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>Harvey D. Atherton, DVM</i>	11. Type or Print Signature Name Harvey D. Atherton	12. Signature Date 07/17/2018
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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
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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 or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
2	--	--	Paisley's Willow	Bay	Westphalian	--	03/23/2018	F	

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



**Narrative Description and Remarks**

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

**For Laboratory Use Only**

31. Laboratory Name/City/State Laboratory Solutions North Augusta, SC	32. Date Received 07/18/2018	33. Date Reported Out 07/20/2018	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).