

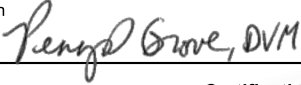
U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555,16)	Serial No.	1. Accession Number	2. Date Blood Drawn
	726290	NVDL-18-2418	09/17/2018

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) Betsy and Katie Klenk
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. BV008536L	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		1112 Heindel Road York, PA Tel No. (717) 858-6660 County --
8. Name and Address of Owner (Please print or type) Betsy and Katie Klenk 1112 Heindel Road York, PA Tel No. (717) 858-6660		9. Name and Address of Veterinarian (Please print or type) Penny D. Grove PO Box 170 Felton, PA Tel No. (717) 246-9081		Zip Code 17408 Zip Code 17322 County York

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.

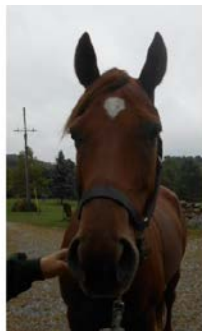
10. Signature of Federally Accredited Veterinarian 	11. Type or Print Signature Name Penny D. Grove, DVM	12. Signature Date 09/21/2018
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Certification of Owner or Owner's Agent

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. 1	17. Official Tag No. --	18. Tattoo/Brand --	19. Name of Horse BARBADO (PIPER)	20. Color Chestnut	21. Breed Thoroughbred	22. Electronic I.D. No. --	23. Age or DOB 01/01/2010	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 SCAR LEFT THIGH AND RH CANNON
27. Left Forelimb --	28. Right Forelimb --
29. Left Hindlimb --	30. Right Hindlimb --

For Laboratory Use Only

31. Laboratory Name/City/State Nandi Veterinary Diag. Lab New Freedom, PA	32. Date Received 09/18/2018	33. Date Reported Out 09/21/2018	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 Penny D. Grove DVM		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).