

USE TYPEWRITER OR PRINT CLEARLY - PRESS HARD - YOU ARE MAKING 5 COPIES

9271 M



See I Coggins ELISA

FORM APPROVED - OMB NUMBER 0579 - 0127

100 UL SER  
INV: 195

AGRICULTURE  
SECTION SERVICE  
LABORATORY TEST

SERIAL NO. T 0164441  
1. ACCESSION NUMBER Ircg 00299050  
2. DATE BLOOD DRAWN 7/30/18

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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Sunny Wells. 130 W. Ormonde Arroyo Grande CA ZIP Code 93420 Tel No. (805) 806-1685 County SLO		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 11291	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Troy Osborne DVM 60 N. Main & 1st St Arroyo Grande CA ZIP Code 93420 Tel No. (805) 471-1164 County SLO
8. NAME AND ADDRESS OF OWNER (Please print or type) Koss McArthur 618 Jetty Dr. Chatham IL ZIP Code 60629 Tel No. (760) 274-4325 County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Troy Osborne DVM 60 N. Main & 1st St Arroyo Grande CA ZIP Code 93420 Tel No. (805) 471-1164 County SLO		

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>[Signature]</i>		11. TYPE OR PRINT SIGNATURE NAME Troy E. Osborne DVM		12. SIGNATURE DATE 7/30/18	
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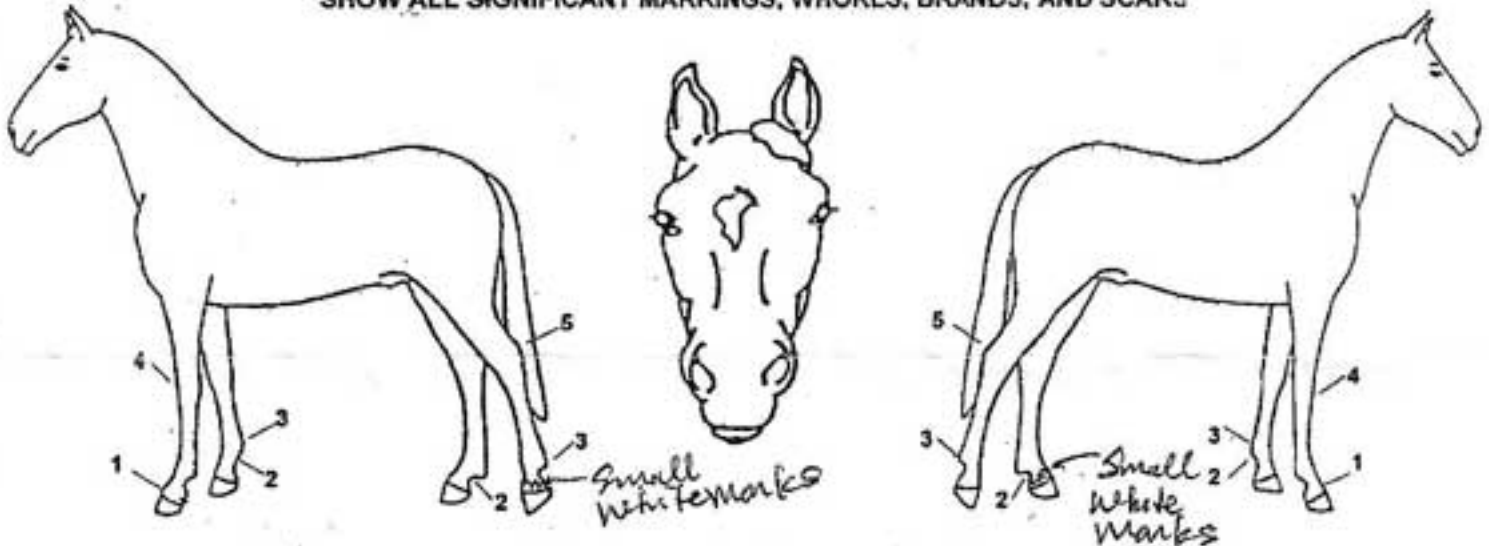
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>[Signature]</i>		14. TYPE OR PRINT SIGNATURE NAME Rhannon Wells		15. SIGNATURE DATE 7/30/18	
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Georgia	20. Color BAY TB	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex F	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB Small white marks @ coronet		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE		32. DATE RECEIVED 7/30/18	33. DATE REPORTED OUT 7/31/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>			36. REMARKS		

