

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **U 1864335** 1. ACCESSION NUMBER **K18-4016** 2. DATE BLOOD DRAWN **05/18/2018**

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 Show First Test Market Change of Ownership Relest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. **003996** 6. TEST TYPE ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) **TKO** ZIP Code _____ Tel No. _____ County _____

8. NAME AND ADDRESS OF OWNER (Please print or type) **HOLLY & KEVIN D'ABATE**
13101 NW 82ND ST RD
OCALA FL ZIP Code **34482** County _____ Tel No. _____

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) **MARTA K. HURA, DVM**
10855 NW US HWY 27
OCALA FL ZIP Code **34482** County **MARION** Tel No. **352-308-1616**

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 **MARTA K. HURA, DVM** 12. SIGNATURE DATE _____

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 **HOLLY & KEVIN D'ABATE** 15. SIGNATURE DATE _____

16. Tube No.	17. Official Tag	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 SF - Spayed Female
			ORCHARD HILLS TRADE SECRET	CHEST	WELSH/BNY		5Yrs		

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 strip** 26. OTHER MARKS AND BRANDS **White Star on rump**

27. LEFT FORELIMB **fetlock** 28. RIGHT FORELIMB **fetlock**

29. LEFT HINDLIMB **fetlock** 29. RIGHT HINDLIMB **fetlock**

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE **OCALA EQUINE HOSPITAL**
10855 N.W. US HWY. 27
OCALA, FL 34482

32. DATE RECEIVED **5/18/18** 33. DATE REPORTED OUT **5/18/18** 34. TEST RESULTS Negative Positive AGID

35. SIGNATURE OF TECHNICIAN **Esther P. Dickson** 36. REMARKS **ASCHI PA-ELISA 1**