

U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555,16)	Serial No. 723616	1. Accession Number SEVS18838	2. Date Blood Drawn 09/07/2018
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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 <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export <input type="checkbox"/>	7. Name and Address or Stable/Market (Please print or type) Centennial Equestrian Farm, Inc. 10050 Gillet Road Palmetto, FL Zip Code 34221 Tel No. (941) 730-5867 County --
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. VM9868
6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. Name and Address of Owner (Please print or type) Centennial Equestrian Farm, Inc. 10050 Gillet Road Palmetto, FL Zip Code 34221 Tel No. (941) 730-5867 County --
9. Name and Address of Veterinarian (Please print or type) Elizabeth Y. Steele 7713 State Road 64 East Zolfo Springs, FL Zip Code 33890 Tel No. (863) 452-0808 County Hardee	

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 Elizabeth Y. Steele	12. Signature Date 09/10/2018
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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. 723616	17. Official Tag No. --	18. Tattoo/Brand --	19. Name of Horse Live Lucky	20. Color Liver Chestnut	21. Breed KWPN	22. Electronic I.D. No. --	23. Age or DOB 03/15/2016	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

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

For Laboratory Use Only

31. Laboratory Name/City/State Steele Equine Veterinary Services Zolfo Springs, FL	32. Date Received 09/12/2018	33. Date Reported Out 09/12/2018	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 Dr. Liz Y. Steele Practice Owner		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).