


U.S. Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555,16)	Serial No.	1. Accession Number	2. Date Blood Drawn
	<b>659650</b>	18-EVC-1645	02/12/2018

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) IRON WILL EVENTING LLC
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. BV011235	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		721 Ewing Road Cochranville, PA Tel No. (484) 288-9161
8. Name and Address of Owner (Please print or type) IRON WILL EVENTING LLC 721 Ewing Road Cochranville, PA Tel No. (484) 288-9161		9. Name and Address of Veterinarian (Please print or type) Charles C. Arensberg 288 Training Center Drive Elkton, MD Tel No. (410) 392-6646		Zip Code 19330 County -- Zip Code 21921 County Cecil

#### 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 Charles C. Arensberg	12. Signature Date 02/12/2018
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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. 2	17. Official Tag No. --	18. Tattoo/Brand M33208
19. Name of Horse BORN A HERO	20. Color Brown	21. Breed Thoroughbred
22. Electronic I.D. No. --	23. Age or DOB 01/01/2009	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 Medium-Forehead
27. Left Forelimb --	28. Right Forelimb --
29. Left Hindlimb --	30. Right Hindlimb Sock

#### For Laboratory Use Only

31. Laboratory Name/City/State Equine Veterinary Care, PC Elkton, MD	32. Date Received 02/12/2018	33. Date Reported Out 02/13/2018	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 Samantha Rogers		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).