

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

SERIAL NO. **U1340440**
1. ACCESSION NUMBER **UVMU182035**
2. DATE BLOOD DRAWN **9/7/18**

Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

REASON FOR TESTING
 Market Change of Ownership Show First Test Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
Windylea Farm

GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
084116

6. TEST TYPE
 ELISA
 AGID
10 Mitchell Rd
Hoosic Falls, NY ZIP Code **12090**
Tel No. County

NAME AND ADDRESS OF OWNER (Please print or type)
Same as #7
ZIP Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
SMARTEQ/Molly B Hunt, DVM
162 Woodlawn Ave
Saratoga Springs, NY ZIP Code **12866**
Tel No. County

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
[Signature]

11. TYPE OR PRINT SIGNATURE NAME
Molly B Hunt, DVM
12. SIGNATURE DATE
9/7/18

CERTIFICATION OF OWNER OR OWNER'S AGENT

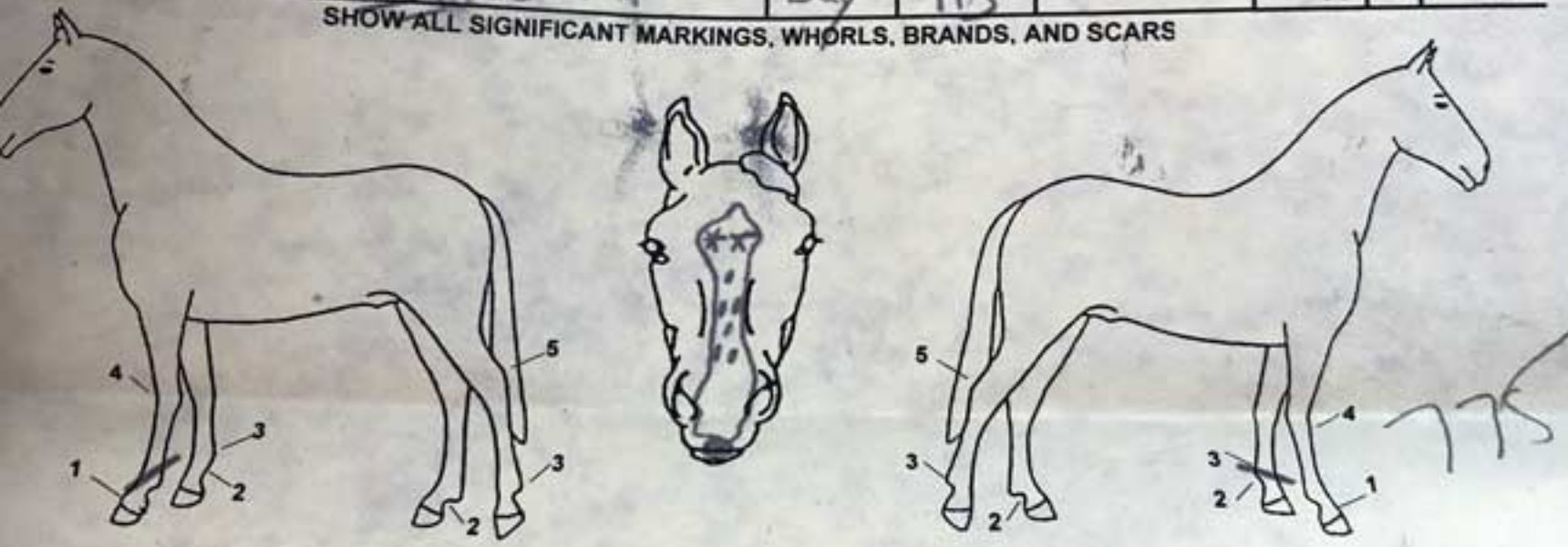
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT
[Signature]

14. TYPE OR PRINT SIGNATURE NAME
15. SIGNATURE DATE

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
		Ringgood	Bay	TB		2017	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

new w/ Brain spots, snip double whorl
LIMB
higher behind w/ crannies
MB

26. OTHER MARKS AND BRANDS
28. RIGHT FORELIMB
30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

NAME/CITY/STATE
ary Medical Laboratory
Tracy Bartick
Rog Road
ille, NY 12871

32. DATE RECEIVED **9/10/18**
33. DATE REPORTED OUT **9/10/18**
35. SIGNATURE OF TECHNICIAN
[Signature]

34. TEST RESULTS
 Negative Positive AGID E
36. REMARKS