

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

SERIAL NO.

U 397151

1. ACCESSION NUMBER

V1803364

2. DATE BLOOD DRAWN

9/7/2018

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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Show <input type="checkbox"/> Refest <input type="checkbox"/> Export <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Janet Brown 512 Old Schoolhouse Rd Lundenberg, PA Tel No. _____	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. BV-007921-1	
6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) Brown, Janet 512 Old Schoolhouse Rd Lundenberg, PA Tel No. (410) 757-6311	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Carobyn L. Littell, VMD 325 Kunkle Rd Lynch, York, PA Tel No. (610) 763-9002		10. NAME AND ADDRESS OF STABLE/MARKET (Please print or type) York	

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>Carobyn L. Littell</i>	11. TYPE OR PRINT SIGNATURE NAME Carobyn L. Littell, VMD	12. SIGNATURE DATE 9/7/2018
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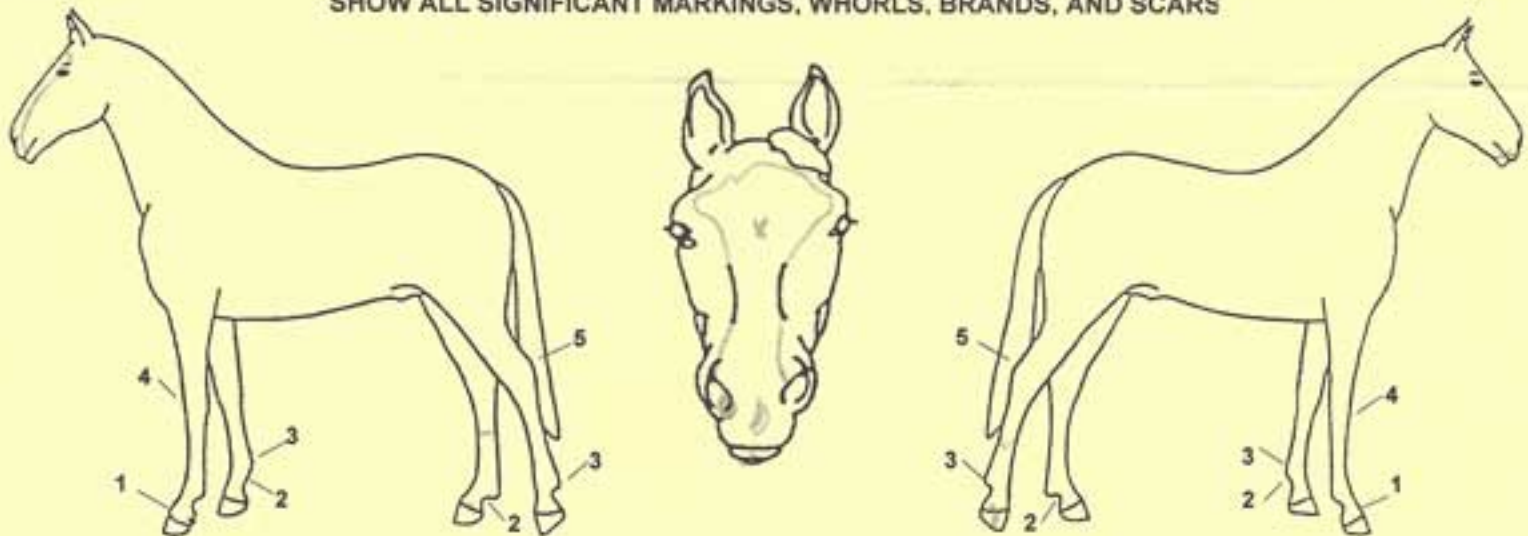
CERTIFICATION OF OWNER OR OWNER'S AGENT

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.	17. Official Tag	18. Tattoo/Brand 115911	19. Name of Horse Sister Stripes	20. Color Chest	21. Breed TB	22. Electronic I.D. No.	23. Age or DOB 10	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 None w/ 2 black spots on nose, lower lip	26. OTHER MARKS AND BRANDS None
27. LEFT FORELIMB	28. RIGHT FORELIMB None
29. LEFT HINDLIMB	30. RIGHT HINDLIMB None

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE UNIVERSITY OF PA RHN DILTON CENTER KENNETT SQUARE, PA 19348 610-925-6155	32. DATE RECEIVED 9-11-18	33. DATE REPORTED OUT 11/12/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>Jawana Smith</i>		36. REMARKS Stocking w/ amoxic	

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 1001).