

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

SERIAL NO. **U 1280801** 1. ACCESSION NUMBER **65609** 2. DATE BLOOD DRAWN **16 APR 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 type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>Same as owner</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>079135</b>	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>Amy Bowser</b> <b>5163 Scofield Rd.</b> <b>Marble MI</b> ZIP Code <b>48159</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>Kelsey DeLand</b> <b>3325 Lewis Ave</b> <b>Ida MI</b> ZIP Code <b>48140</b>	
Tel No. <b>231 883-5961</b> County <b>Monroe</b>	Tel No. <b>734 269 3824</b> County <b>Monroe</b>		

**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>Kelsey DeLand</i>	11. TYPE OR PRINT SIGNATURE NAME <b>Kelsey E DeLand DVM</b>	12. SIGNATURE DATE <b>16 APR 2018</b>
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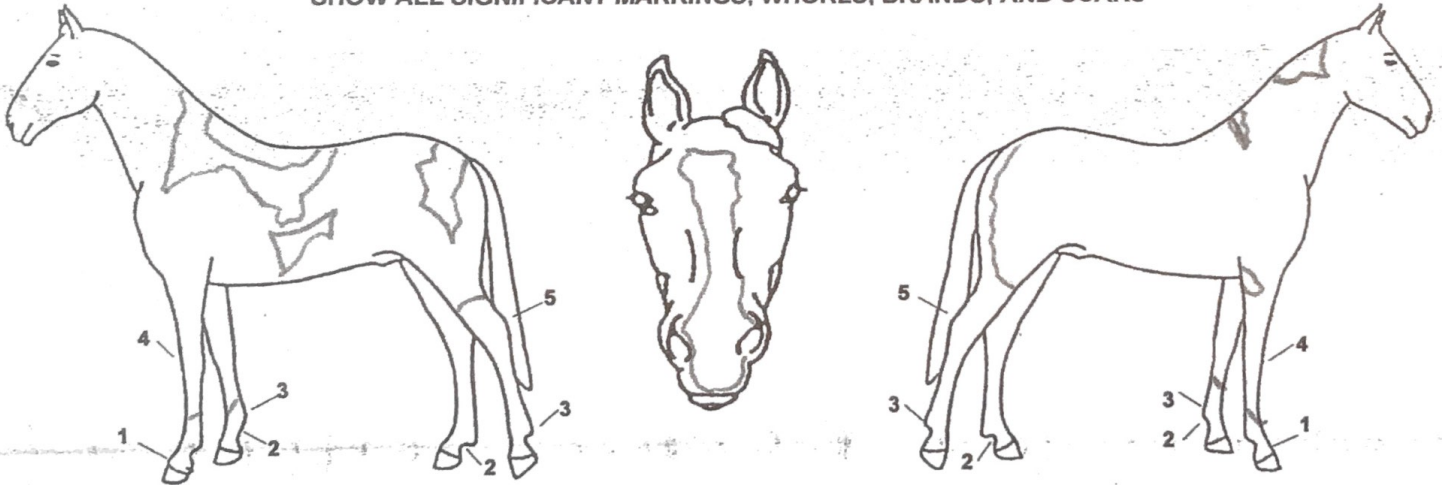
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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	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
<b>18</b>			<b>Sophia</b>	<b>Sorrel White</b>	<b>Grade</b>		<b>6yr</b>	<b>F</b>	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD <b>Blaze</b>	26. OTHER MARKS AND BRANDS <b>As Drawn</b>
27. LEFT FORELIMB <b>Sock</b>	28. RIGHT FORELIMB <b>Sock</b>
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>APR 18 10 APR 19 12</b> <b>EAST LANSING MI 48823</b>	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN		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 1001).