

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

SERIAL NO.

U 1280825

1. ACCESSION NUMBER

6568

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

Market Change of Ownership Show First Test Retest Export

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

Same as owner

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

079135

6. TEST TYPE

ELISA
 AGID

ZIP Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Ann Bauer

5122 East 21

Worcester MA

ZIP Code 48159

Tel No. 231-883-5961

County Worcester

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Kelley Deland

3325 Lewis Ave

Leicester MA

ZIP Code 48140

Tel No. 734-269-3824

County Worcester

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

Kelley E Deland

11. TYPE OR PRINT SIGNATURE NAME

Kelley E Deland

12. SIGNATURE DATE

16 APR 2018

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.

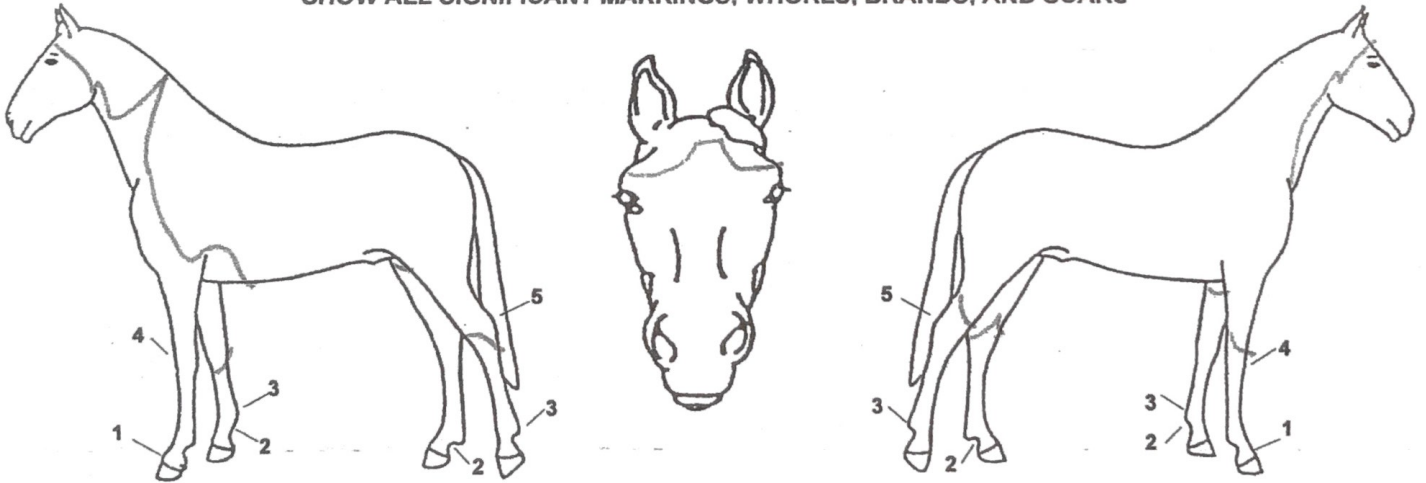
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	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
17			Frosted Sambaton (aka Horse) Secret	Paint			24 yr	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Bald	26. OTHER MARKS AND BRANDS —
27. LEFT FORELIMB As drawn	28. RIGHT FORELIMB Socks
29. LEFT HINDLIMB Stocking	30. RIGHT HINDLIMB Stocking

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE APR 18 10 APR 19 10 EAST LANSING MI 48923	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" 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).