


UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. T 0761817	1.  8201406831	2. DATE BLOOD DRAWN 11/20/18
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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 checked="" type="checkbox"/> 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) Sandy Smith Come as 8	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 19367	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Sandy Smith 3040 Kramer Rd Cool CA ZIP Code 95014		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Elizabeth Howard DVM 2973 Pennun Rd Pennun CA ZIP Code 95163	
Tel No. 916 295-7116 County		Tel No. 916 652-7645 County Placer	

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 Elizabeth Howard	11. TYPE OR PRINT SIGNATURE NAME Elizabeth Howard	12. SIGNATURE DATE 11/20/18
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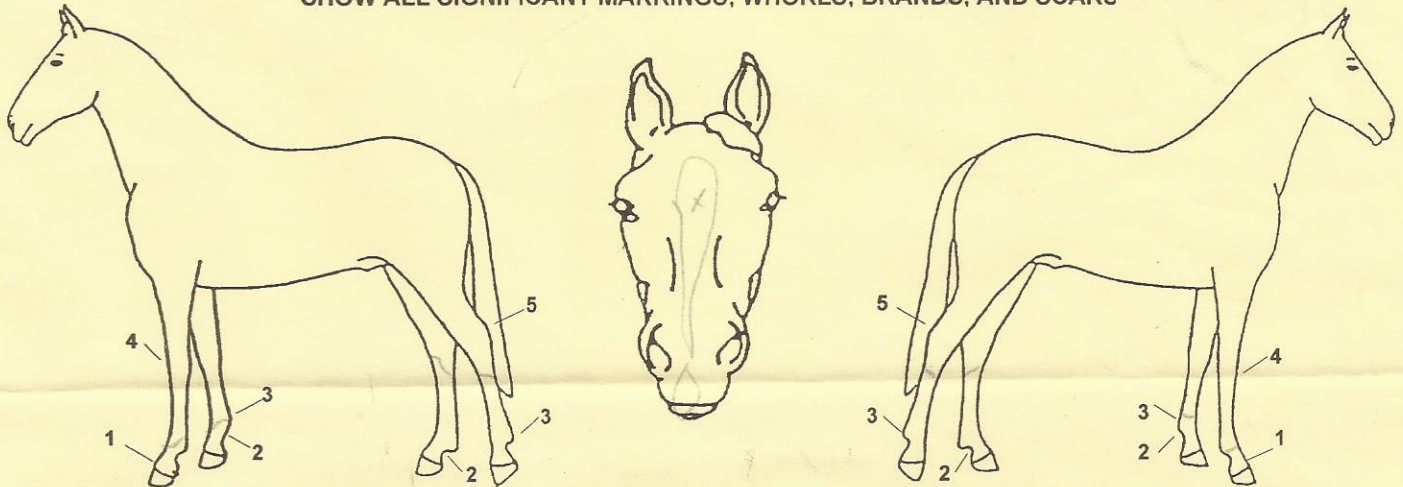
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 [Signature]	14. TYPE OR PRINT SIGNATURE NAME Sandy Smith	15. SIGNATURE DATE 11/20/18
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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
		Mia	Evans Mi Amore	Palomar	Welsh		3yr	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 white blaze, snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB white sock	28. RIGHT FORELIMB white sock
29. LEFT HINDLIMB white stocking	30. RIGHT HINDLIMB white stocking

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE W. SAC CA 95605 1-800-444-4210	32. DATE RECEIVED 11-21-18	33. DATE REPORTED OUT 11-23-18	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 [Signature]		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).