



ORCH0010097 3

Coggins AGID

100 UL SER
INV: 1SS,1TRF

LARGE 75199
SERIAL 0063

DEPARTMENT OF AGRICULTURE
HEALTH INSPECTION SERVICE
ANEMIA LABORATORY TEST
(Ordinum 555.16)

SERIAL NO.
U 1257715

FORM APPROVED - OMB NUMBER 0579 - 0127

1. ACCESSION NUMBER
2. DATE BLOOD DRAWN
3-9-18

110020

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"/> Retest <input type="checkbox"/> Export | | <input type="checkbox"/> Show <input type="checkbox"/> First Test | | 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Same | |
| 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG: | | 5. VETERINARY LICENSE OR ACCREDITATION NO. VM3333 | | 6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID | |
| 8. NAME AND ADDRESS OF OWNER (Please print or type) Lauren Toleno 11460 TROFING DOWN LN Odessa FL | | 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) WIK. OWENS DVM 12120 BOY SCOUT RD Odessa FL | | ZIP Code County | |
| Tel No. | | County | | Tel No. | |
| County | | County | | Tel No. | |

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 | | 11. TYPE OR PRINT SIGNATURE NAME WIK OWENS | | 12. SIGNATURE DATE 3-9-18 | |
|----------------------------------------------------|--|------------------------------------------------------|--|-------------------------------------|--|

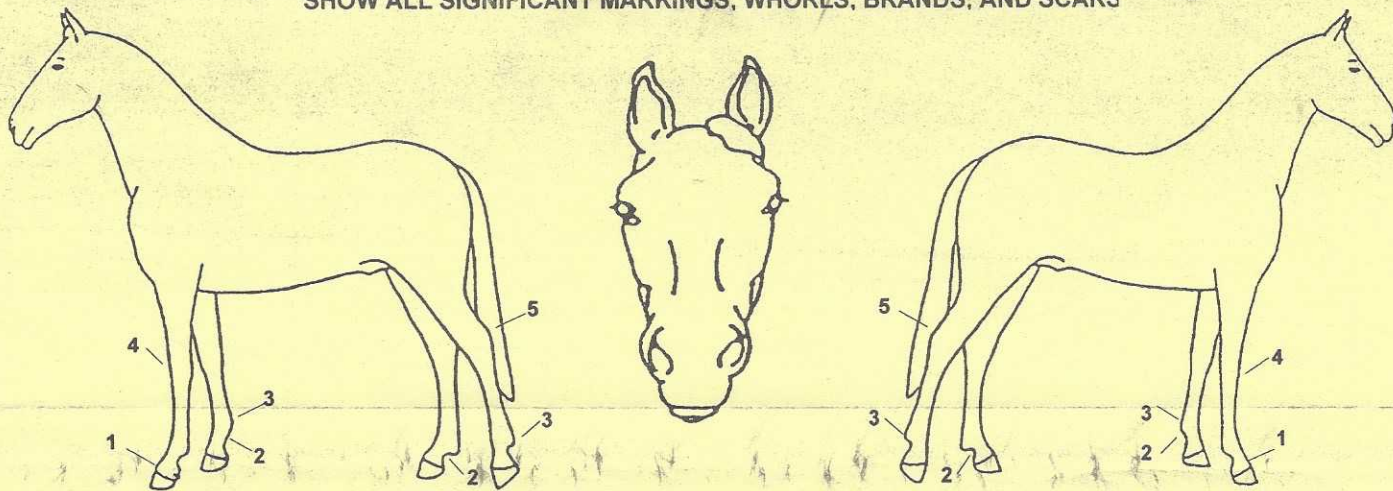
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 | | 14. TYPE OR PRINT SIGNATURE NAME WIK OWENS | | 15. SIGNATURE DATE 3-9-18 | |
|-----------------------------------------|--|------------------------------------------------------|--|-------------------------------------|--|

| | | | | | | | | | |
|--------------|------------------|------------------|---------------------------------------|-------------------------|-------------------------|-------------------------|----------------------------|---------------------|-------------------------------------------------------------|
| 16. Tube No. | 17. Official Tag | 18. Tattoo/Brand | 19. Name of Horse Belvedere | 20. Color Bay | 21. Breed AWB | 22. Electronic I.D. No. | 23. Age or DOB 9 | 24. Sex G | M - Male F - Female G - Gelding SF - Spayed Female |
|--------------|------------------|------------------|---------------------------------------|-------------------------|-------------------------|-------------------------|----------------------------|---------------------|-------------------------------------------------------------|

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

| | | | |
|--------------------------------------|--|---------------------------------------|--|
| 25. HEAD | | 26. OTHER MARKS AND BRANDS | |
| 27. LEFT FORELIMB No white | | 28. RIGHT FORELIMB | |
| 29. LEFT HINDLIMB | | 30. RIGHT HINDLIMB No white | |

FOR LABORATORY USE ONLY

| | | | | | | | |
|--------------------------------------------------------------------------|--|-------------------------------------|--|-----------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 31. LABORATORY NAME/CITY/STATE Hitech 958 Orlando FL | | 32. DATE RECEIVED 3.13.18 | | 33. DATE REPORTED OUT 3.15.18 | | 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 <i>[Signature]</i> | | | | 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).