

See reverse for more OMB information.

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

SERIAL NO.
T 1618970



1. ER
2. DATE BLOOD DRAWN
10/28/18

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 Export
 Relest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
 LAT:
 LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
028240

6. TEST TYPE
 ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
Mountain Meo
1308 Stuart Hollow Rd
Orangetown, NY ZIP Code **13820**
 Tel No. **845-263-5846** County **Orangetown**

8. NAME AND ADDRESS OF OWNER (Please print or type)
Mountain Meo
1308 Stuart Hollow Rd
Orangetown, NY ZIP Code **13820**
 Tel No. **845-263-5846** County **Orangetown**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Jennifer For Hamblin, DVM
147 St Hwy 7
Orangetown, NY ZIP Code **13820**
 Tel No. **845-563-1345** County **Orangetown**

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
Jennifer Hamblin DVM

11. TYPE OR PRINT SIGNATURE NAME
Jennifer Hamblin

12. SIGNATURE DATE
10-28-18

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.

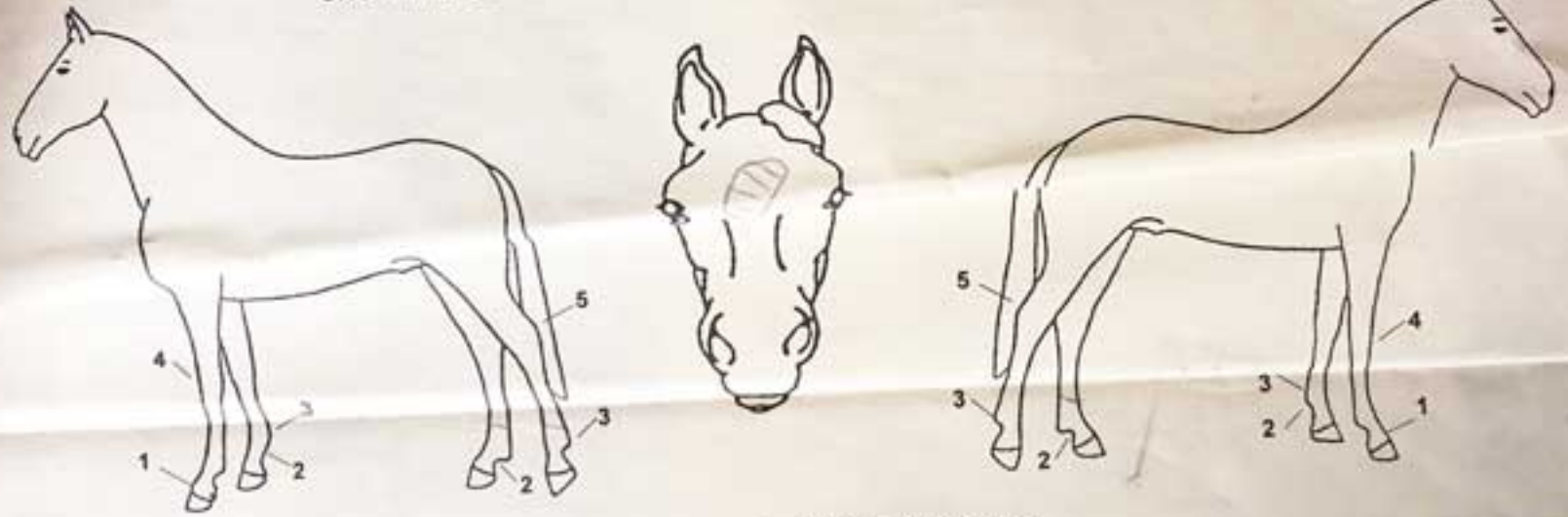
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

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
		54578	Dobbs	Dark Bay	TB		12yr	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD **Star**

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB **distal, partly white hoof**

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
USDA Laboratory
100 East Sperry St.
Orangetown, NY 13820

32. DATE RECEIVED **10/30/18**

33. DATE REPORTED OUT **7/2/19**

34. TEST RESULTS
 Negative Positive AGID 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).