
 DEPARTMENT OF AGRICULTURE
 HEALTH INSPECTION SERVICE
EMIA LABORATORY TEST
 (Standard 555.16)

SERIAL NO.

U1078610

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

3-2-18

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

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

E602

6. TEST TYPE

 ELISA
 AGID

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

Same

ZIP Code

Tel No.

County

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

 Heather Bower
 858 Nelson Road
 White Lake, VA ZIP Code 22662

Tel No.

County

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

 Paul Dicht / Piedmont Equine Practice
 4122 Tulla Road
 The Plains, VA ZIP Code 20198
 Tel No. 540-364-4950 County Fauquier

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

Paul Dicht, DVM

12. SIGNATURE DATE

3-2-18

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.

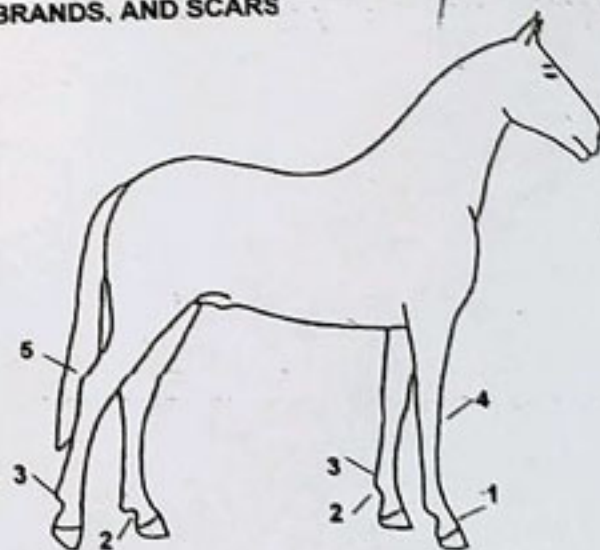
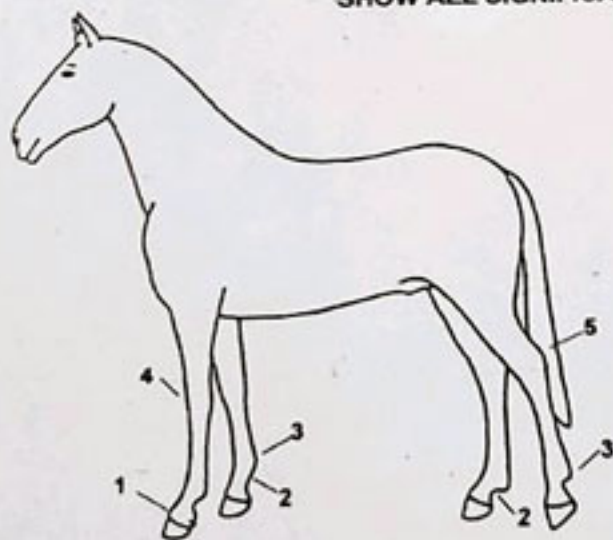
13. SIGNATURE OF OWNER OR OWNER'S AGENT

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
			White Queen	Gray	Welch		11y F	F	

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

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED

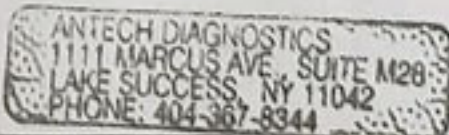
33. DATE REPORTED OUT

34. TEST RESULTS

 Negative Positive AGID E

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).