

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTION ANEMIA LABORATORY TEST
(IS-100 (Rev. 10-1-79))

SERIAL NO.

S 1533572



18146309

DATE RECEIVED
(DDMM)

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Numbers Will Not Be Processed

1. REASON FOR TESTING:

Abused Change of Ownership Show Post Race Retired Sport

4. GEOGRAPHIC INFORMATION SYSTEM (GPS) LAT LONG

5. VETERINARY LICENSE OR ACCREDITATION NO. 014540
6. TEST TYPE
 ELISA PCR

7. NAME AND ADDRESS OF STABLE/MARKET (Please print full name)

Stable Name: [Handwritten]
Address: [Handwritten]
City: [Handwritten] State: [Handwritten] Zip: [Handwritten]

8. NAME AND ADDRESS OF OWNER (Please print full name)

Owner Name: [Handwritten]
Address: [Handwritten]
City: [Handwritten] State: [Handwritten] Zip: [Handwritten]
Tel No: [Handwritten]

9. NAME AND ADDRESS OF VETERINARIAN (Please print full name)

Vet Name: [Handwritten]
Address: [Handwritten]
City: [Handwritten] State: [Handwritten] Zip: [Handwritten]
Tel No: [Handwritten]

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse specified below or through a qualified person.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

[Handwritten Signature]

11. TYPE OF PRINT SIGNATURE NAME

[Handwritten Name]

12. SIGNATURE DATE

[Handwritten Date]

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, the form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

[Handwritten Signature]

14. TYPE OF PRINT SIGNATURE NAME

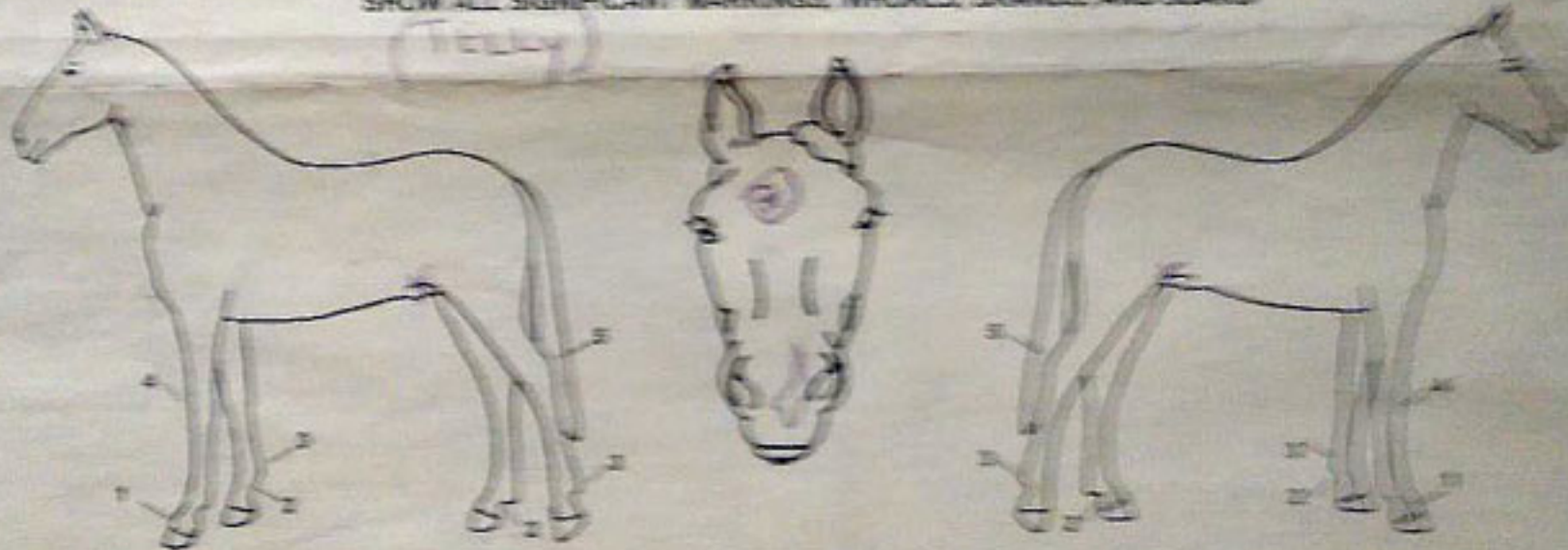
[Handwritten Name]

15. SIGNATURE DATE

[Handwritten Date]

16. Type No.	17. Official Tag No.	18. Tattoo Brand	19. Name of Horse	20. Color	21. Sex	22. Estimated Age (Yrs)	23. Height (cm)	24. Weight (kg)	25. Eye Color	26. Hair Color
			Haynes Shadwell	Bay	Male	5	150	450	Blue	Black

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet 2 - Pastern 3 - Foreleg 4 - Hindleg 5 - Hoof

NARRATIVE DESCRIPTION AND REMARKS

26. HEAD: STRIP, [Handwritten]

27. LEFT FORELEGS: [Handwritten]

28. LEFT HINDLEGS: [Handwritten]

29. OTHER MARKS AND BRANDS: [Handwritten]

30. RIGHT FORELEGS: [Handwritten]

31. RIGHT HINDLEGS: [Handwritten]

FOR LABORATORY USE ONLY

21. LABORATORY NAME/CITY/STATE: N GRAFTON NV 89417

22. DATE RECEIVED: 5/18/18

23. DATE REPORTED OUT: 6/10/18

24. TEST RESULTS: Negative Positive Abort EBIS

25. SIGNATURE OF TECHNICIAN: [Handwritten]

26. REMARKS: [Handwritten]