

See reverse for more OMS information

FORM APPROVED - OMB NUMBER 0579 - 0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 955.11)

SERIAL NO.

U 1217105

1. ACCESSION NUMBER

02053618

2. DATE BLOOD DRAWN

2-6-18

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 Retest Export

Show Final Test

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

Tranquility farm

4. GEOGRAPHIC INFORMATION (SEE)

LAT. LONG. Montco

5. VETERINARY LICENSE OR ACCREDITATION NO.

BV008923

6. TEST TYPE

ELISA

AGID

ZIP Code

Tel No.

County

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

Susan Kant
812 Parkersville Rd
Parkersville PA ZIP Code 18074

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

Carlton B. Seybolt
137 Matthews Ave
New Britain PA ZIP Code 18901

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

[Signature]

11. TYPE OR PRINT SIGNATURE NAME

Carlton B. Seybolt

12. SIGNATURE DATE

2-6-18

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

[Signature]

14. TYPE OR PRINT SIGNATURE NAME

[Signature]

15. SIGNATURE DATE

[Signature]

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 Sex	24. Sex	25. Male F - Female G - Gelding SP - Spayed Female
			Ivory keys	Grey	wealdy		3	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS

"2 dots 5 lines"



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Star + white @ eye

26. OTHER MARKS AND BRANDS

27. LEFT FORELEW

28. RIGHT FORELEW

29. LEFT HINDLEW

DIAG / END

30. RIGHT HINDLEW

TC crest

FOR LABORATORY USE ONLY

31. LABORATORY NAME/STATE

2-9-18 NPL

32. DATE RECEIVED

NPL

33. DATE REPORTED OUT

[Signature]

35. SIGNATURE OF TECHNICIAN

[Signature]

34. TEST RESULTS

Negative Positive AGID ELISA

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 1007).