

31
 UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
 (VS Memorandum 555 1B)

SERIAL NO.

U 1217106

1. ACCESSION NUMBER

020530-18

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 Show First Test
 Retest Export
4. GEOGRAPHIC INFORMATION
SYSTEMS (GIS)LAT: Mont Co
LONG:5. VETERINARY LICENSE OR
ACCREDITATION NO.

BV008923

6. TEST TYPE

 ELISA AGID

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

Tranquility Farm

(See #8)

ZIP Code

Tel No.

County

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

Gwen Kent

812 Perkinsville Rd

Perkinsville

ZIP Code 18074

Tel No.

County

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

Cortina B. Seybait

137 Mathews Ave

New Britain PA

ZIP Code 18901

Tel No.

County

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

Cortina B.

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

14. TYPE OR PRINT SIGNATURE NAME

Gwen Kent

15. SIGNATURE DATE

2-6-18

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	25. Male Female C - Castrated SP - Spayed Female
			Quicksilver Black Hawk	Dark Bay	Welsh		3	G	

SHOW ALL SIGNIFICANT MARKINGS, WITH

"Hawk"



3-31-15



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

NARRATIVE DESCRIPTION AND REMARKS

26. HEAD

Unlegaled

27. OTHER MARKS AND BRANDS

-

27. LEFT FORELIMB

DIAG LAB

28. RIGHT FORELIMB

coronet

29. LEFT HINDLIMB

-

30. RIGHT HINDLIMB

-

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

2-9-18

32. SAMPLE RECEIVED

-

33. DATE REPORTED OUT

-

34. TEST RESULTS

 Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN

36. REMARKS

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Falsification of information on this form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (U.S.C. Section 1001).