

See reverse for more OMB 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 555.16)

SERIAL NO.

V 138863

1. ACCESSION NUMBER

18-81283

2. DATE BLOOD DRAWN

8-27-18

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:
 LONG:
 5. VETERINARY LICENSE OR ACCREDITATION NO.
 005784
 6. TEST TYPE
 ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
 Same as Owner
 ZIP Code
 County

8. NAME AND ADDRESS OF OWNER (Please print or type)
 Missy Jo Hollingsworth
 2369 Nelson Road
 Camp Springs, Ky
 ZIP Code 41059
 County Campbell
 Tel No.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
 Julie A. Mudman, DVM
 4855 Petersburg Rd.
 Petersburg, KY
 ZIP Code 41080
 Tel No. 859-250-8118
 County Boone

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
 Julie A. Mudman, DVM

11. TYPE OR PRINT SIGNATURE NAME
 Julie A. Mudman, DVM

12. SIGNATURE DATE
 8-27-18

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.

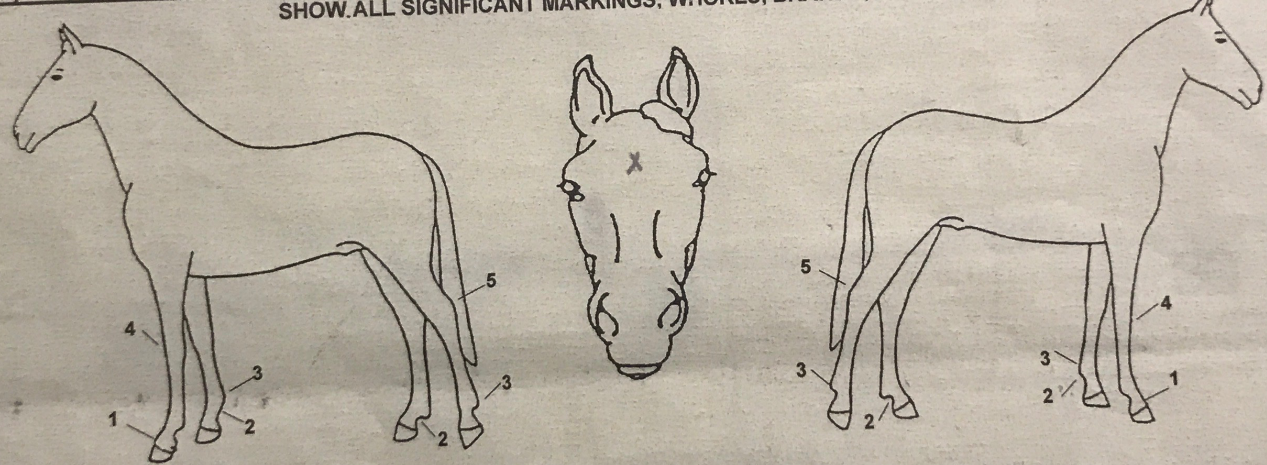
13. SIGNATURE OF OWNER OR OWNER'S AGENT

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
8			Black Beauty (Ebony)	Black	Pony		9-10	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
 27. LEFT FORELIMB
 29. LEFT HINDLIMB

26. OTHER MARKS AND BRANDS
 x = denotes whorl
 28. RIGHT FORELIMB
 30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
 NORTHERN KY EQUINE LAB
 P. O. BOX 260
 BURLINGTON, KY 41005

32. DATE RECEIVED
 8-31-18

33. DATE REPORTED OUT
 SEP 02 2018

35. SIGNATURE OF TECHNICIAN
 Julie A. England

34. TEST RESULTS
 Negative Positive AGID ELISA

36. REMARKS
 NEGATIVE AGID

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).