

See reverse for more OMB information.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 565.16)

SERIAL NO.

V 007648

FORM APPROVED - OMB NUMBER 0579-0127
1. ACCESSION NUMBER
V1803028

2. DATE BLOOD DRAWN
7/23/2018

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.
011659

6. TEST TYPE
 ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
1027 Ridge Avenue
Ephrata, PA
Tel No. _____ ZIP Code 17522

8. NAME AND ADDRESS OF OWNER (Please print or type)
Laura Jurtipp
1104 Octavia Street
Parkesburg, PA
Tel No. _____ ZIP Code 17305 County _____

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Celia Goodall, MRCVS
172 Wood Road
Lochranville, PA
Tel No. 610-369-4400 ZIP Code 17530 County Chester

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
Celia Goodall, MRCVS

12. SIGNATURE DATE
7/23/2018

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.

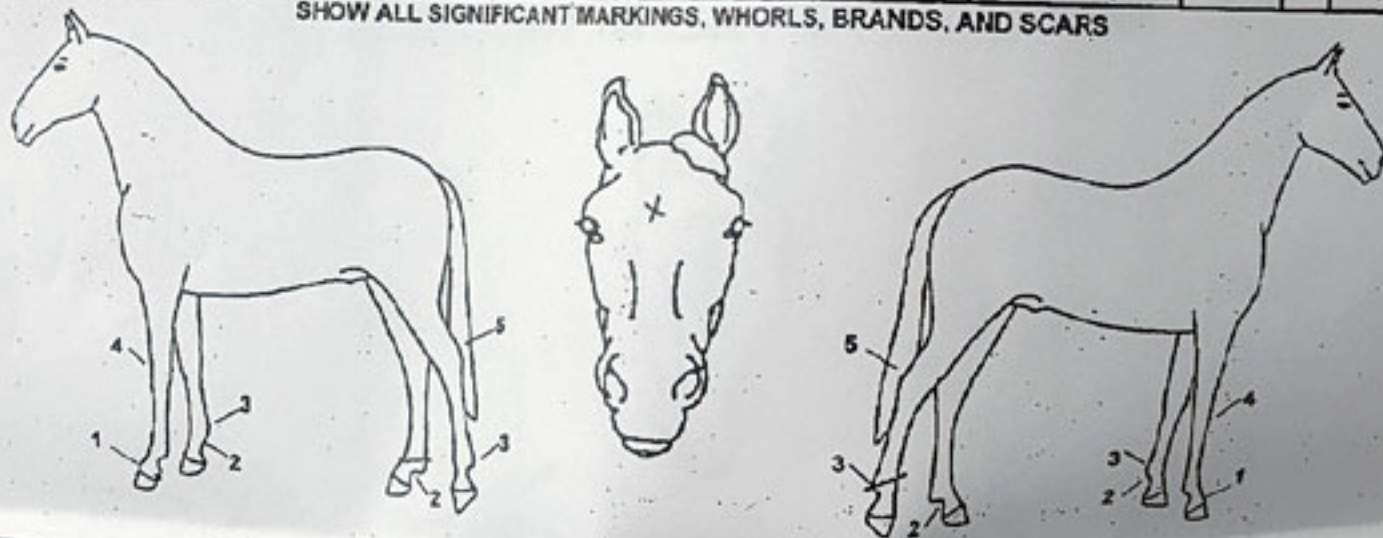
13. SIGNATURE OF OWNER OR OWNER'S AGENT
[Signature]

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic ID. No.	23. Age or DOB	24. Sex	25. Male F - Female G - Gelding SF - Spayed Female
			CHOCOLATE MOUSSE	Bay	Fras-X		2011	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

26. HEAD
Whorl on midline

27. LEFT FORELIMB
None

28. RIGHT FORELIMB
None

29. RIGHT HINDLIMB
Pastern

26. OTHER MARKS AND BRANDS
None

28. RIGHT FORELIMB
None

30. RIGHT HINDLIMB
Pastern

FOR LABORATORY USE ONLY

32. DATE RECEIVED
7/24/18

33. DATE REPORTED OUT
7/24/18

34. TEST RESULTS
 Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN
[Signature]

36. REMARKS

UNIVERSITY OF CALIFORNIA DALTON CENTER
RICKI HONEVGT LABORATORY
182 WEST STREET ROAD
EIRRETT SQUARE CA 95408
916-751-5155

YRBIOTICS ELISA BY
HEBIE CRUSE

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).