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Form Approved - OMB Number 0579-0127

Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No.	1. Accession Number	2. Date Blood Drawn
	726303	18-EVC-2628	09/18/2018

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 Annual <input type="checkbox"/> Market <input type="checkbox"/> Annual Change of Ownership <input type="checkbox"/>	<input type="checkbox"/> Show Retest <input type="checkbox"/>	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) JEFF TALLEY
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 5871	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	816 HILL TOP ROAD ELKTON, MD Zip Code 21921 Tel No. (502) 379-1409 County --
8. Name and Address of Owner (Please print or type) JEFF TALLEY 816 HILL TOP ROAD ELKTON, MD Zip Code 21921 Tel No. (502) 379-1409 County --		9. Name and Address of Veterinarian (Please print or type) Charles C. Arensberg 288 Training Center Drive Elkton, MD Zip Code 21921 Tel No. (410) 392-6646 County Cecil	

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 Charles C. Arensberg	12. Signature Date 09/21/2018
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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
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16. Tube No.	17. Official Tag No.	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 N - Neuter
1	--	--	TIME FLIES	Chestnut	Thoroughbred	--	01/01/2012	F	F

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Star and Strip	26. Other Marks and Brands --
27. Left Forelimb --	28. Right Forelimb --
29. Left Hindlimb --	30. Right Hindlimb --

For Laboratory Use Only

31. Laboratory Name/City/State Equine Veterinary Care, PC Elkton, MD	32. Date Received 09/21/2018	33. Date Reported Out 09/22/2018	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. Signature of Technician Samantha Rogers		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 100).

