

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555.16)

SERIAL NO. **V 444891**  
1. ACCESSION NUMBER **18-5712**  
2. DATE BLOOD DRAWN **10/23/18**

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  Show  First Test  Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)  
LAT: \_\_\_\_\_ LONG: \_\_\_\_\_

5. VETERINARY LICENSE OR ACCREDITATION NO. **VM10942**

6. TEST TYPE  
 ELISA  AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  
**Jump 4 U Stable**  
**Southwest Ranches, FL**  
ZIP Code \_\_\_\_\_  
Tel No. \_\_\_\_\_ County \_\_\_\_\_

8. NAME AND ADDRESS OF OWNER (Please print or type)  
**Leah McDonnell**  
ZIP Code \_\_\_\_\_  
Tel No. \_\_\_\_\_ County \_\_\_\_\_

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)  
**Ashley Barnard - Barnard Equine**  
**210 N 54th Ave**  
**Hollywood FL**  
ZIP Code **33021**  
Tel No. **561-632-7457** County **Broward**

**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 **Ashley Barnard, VMD**

12. SIGNATURE DATE **12/20/18**

**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.

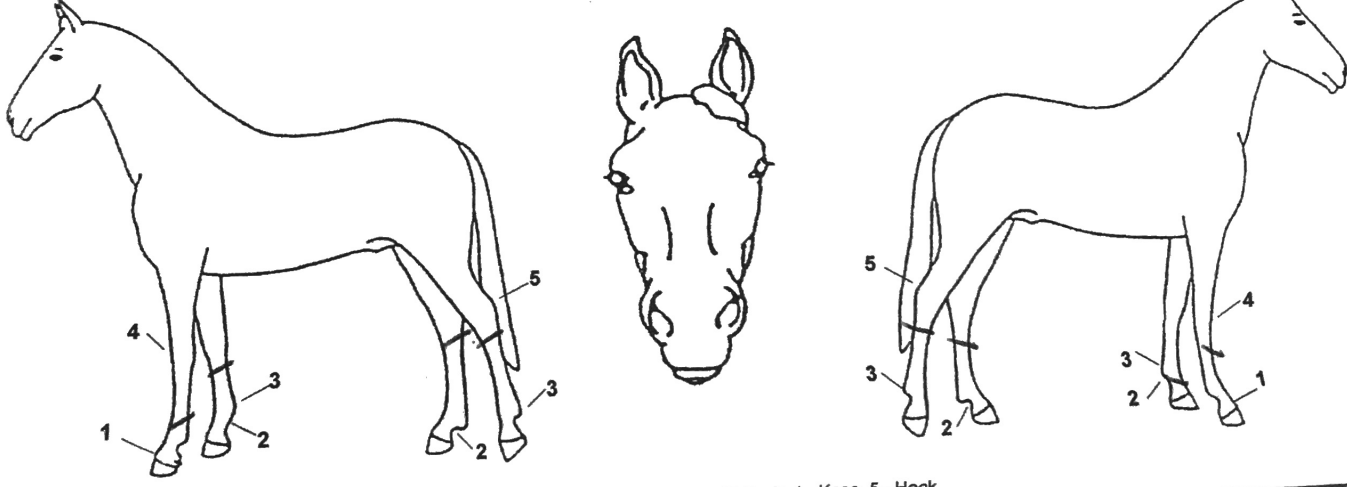
13. SIGNATURE OF OWNER OR OWNER'S AGENT \_\_\_\_\_

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 S - Spayed Female
			<b>Super Dupex</b>	<b>Bay</b>	<b>Welsh Pony</b>		<b>8y G</b>	<b>G</b>	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD \_\_\_\_\_

26. OTHER MARKS AND BRANDS \_\_\_\_\_

27. LEFT FORELIMB **Fetlock**

28. RIGHT FORELIMB **stacking**

29. LEFT HINDLIMB **stacking**

30. RIGHT HINDLIMB **stacking**

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE  
**NATIONAL BIOVET LABORATORY**  
**10830 SW 104 ST MIAMI FL 33176**  
**205 273 5788**

32. DATE RECEIVED **10/23/18**

33. DATE REPORTED OUT **10/24/18**

34. TEST RESULTS  
 Negative  Positive  AGID  ELISA

35. SIGNATURE OF TECHNICIAN *[Signature]*

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 1001).