

verse for more OMB information.

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

SERIAL NO.
U 000419

1. ACCESSION NUMBER
18EX-1907

2. DATE BLOOD DRAWN
4/18/18

Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

FOR TESTING
 Show First Test
 Change of Ownership Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
A B-Hive
Fairhill Training Center
Elkton, MD
Tel No. _____ ZIP Code **21921**
County **Cecil**

5. VETERINARY LICENSE OR ACCREDITATION NO.
00000

6. TEST TYPE
 ELISA
 AGID

ADDRESS OF OWNER (Please print or type)
10000
ZIP Code _____
County _____

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C. Thomas Reid, DVM
380 Training Center Dr
Elkton, MD
Tel No. **410-309-8850** ZIP Code **21921**
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.
FEDERALLY ACCREDITED VETERINARIAN
11. TYPE OR PRINT SIGNATURE NAME **C. Thomas Reid, DVM**
12. SIGNATURE DATE **4/18/18**

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.
OWNER OR OWNER'S AGENT
14. TYPE OR PRINT SIGNATURE NAME _____
15. SIGNATURE DATE _____

18. Breed/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
Shetland	Blair	Bay	TB		7	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS :



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

NARRATIVE DESCRIPTION AND REMARKS

26. OTHER MARKS AND BRANDS
28. RIGHT FORELIMB
30. RIGHT HINDLIMB
White Pastern

FOR LABORATORY USE ONLY

32. DATE RECEIVED **4-18-18**
33. DATE REPORTED OUT **4-19-18**
34. TEST RESULTS
 Negative Positive AGID ELISA
35. SIGNATURE OF TECHNICIAN **Leanna Pop**
36. REMARKS **VMC**