

See reverse 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. **V 000916**
1. ACCESSION NUMBER **E1800776**
2. DATE BLOOD DRAWN **1/31/18**

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 First Test Export

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

5. VETERINARY LICENSE OR ACCREDITATION NO.
014463

6. TEST TYPE
 ELISA
 AGID

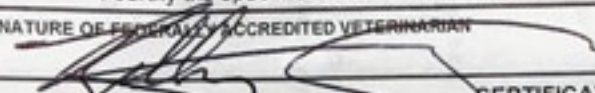
7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
Amy Strossel
Col Rd
Gambelle PA 17028
 Tel No. _____ County _____

8. NAME AND ADDRESS OF OWNER (Please print or type)
Dame AS #7
 ZIP Code _____
 Tel No. _____ County _____

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Kristin Pepp DM
1008 Bicknell Rd
Harrisburg PA 17112
 Tel No. _____ County _____

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.

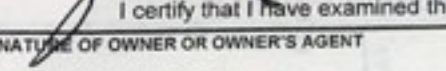
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN


11. TYPE OR PRINT SIGNATURE NAME
Kristin Pepp

12. SIGNATURE DATE
1/31/18

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.

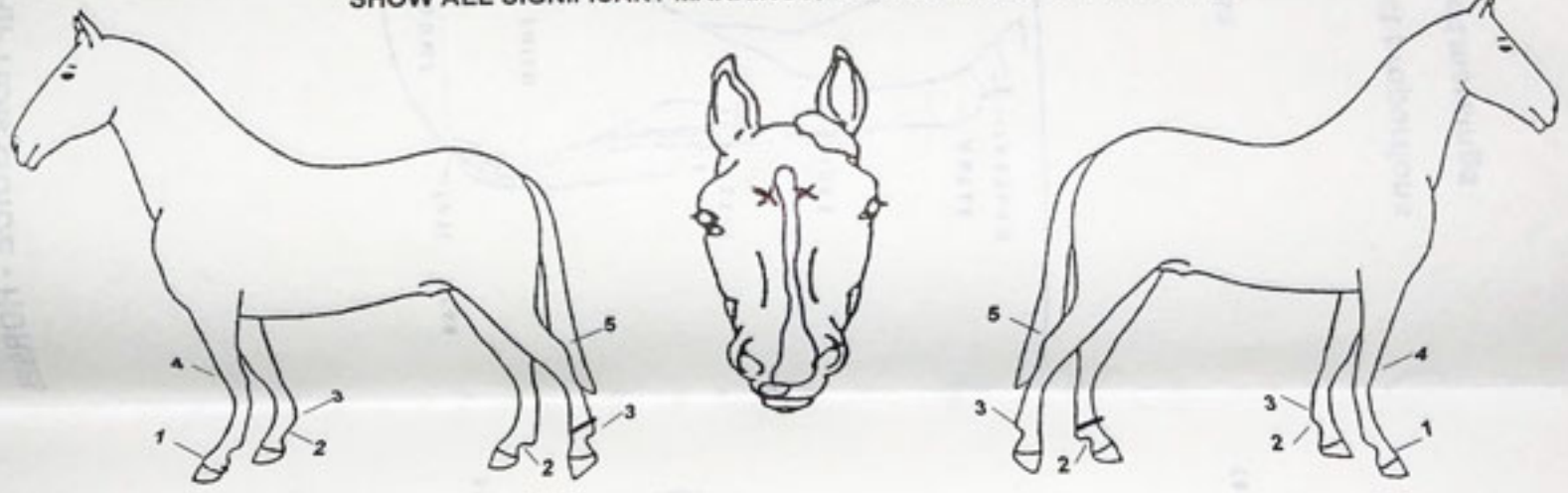
13. SIGNATURE OF OWNER OR OWNER'S AGENT


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
			Kiss and Tell aka Etta	Blk	TB/Welsh		15	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 **double whorl stripe, snip**

26. OTHER MARKS AND BRANDS _____

27. LEFT FORELIMB _____

28. RIGHT FORELIMB _____

29. LEFT HINDLIMB **sock**

30. RIGHT HINDLIMB _____

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
PA VETERINARY LABORA
2305 N. CAMERON STR
HARRISBURG, PA 17110
(717) 787-8808

32. DATE RECEIVED **2-5-18**

33. DATE REPORTED OUT **2-6-2018**

34. TEST RESULTS
 Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN


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).