

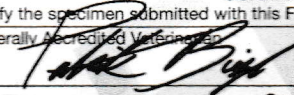
US Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	Serial No. 282859LH	1. Accession Number 367000	2. Date Blood Drawn 10/26/18
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**Forms Without Adequate Descriptions 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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export	5. Veterinary License or Accreditation No. 033234	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	7. Name and Address or Stable/Market (Please print or type) Kennedy Groves Stables 2055 Chase Hammock Rd. Merritt Island, FL Zip Code 32953 Tel No. (443)336-8265 County Brevard
4. Geographic Information Systems (GIS) Lat: -- Long: --	8. Name and Address of Owner (Please print or type) Kelly Simpson 1370 Lenora Dr. Merritt Island, FL Zip Code 32952 Tel No. (443)336-8265 County Brevard		9. Name and Address of Veterinarian (Please print or type) Patrick Biegel 2005 Pluckebaum Road Cocoa, FL Zip Code 32926 Tel No. (321)639-4242 County Brevard

**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 Patrick Biegel	12. Signature Date 10/26/18
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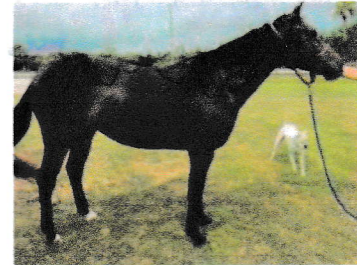
**Certification of Owner or Owner's Agent**

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
15			Stratus	Bay	Warmblood		01/01/2014	M	

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



Narrative Description and Remarks	
25. Head Strip/Snip	26. Other Marks and Brands
27. Left Forelimb	28. Right Forelimb
29. Left Hindlimb Half Pastern	30. Right Hindlimb Half Pastern

**For Laboratory Use Only**

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 11/05/18	33. Date Reported Out 11/06/18	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 		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).