

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

SERIAL NO. **U1340516**
1. ACCESSION NUMBER **WV082082**
2. DATE BLOOD DRAWN **9/15/18**

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 Show Refest First Test Export

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

5. VETERINARY LICENSE OR ACCREDITATION NO. **041574**

6. TEST TYPE
 ELISA AGID


7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
TERMINAL PERFORMANCE HORSE INC
404 STATE RT 372
CAMBRIDGE NY ZIP Code **12816**
 Tel No. _____ County **WA**

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

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Stewart
112 Woodlawn Ave
Saratoga NY ZIP Code **12866**
 Tel No. **516 984 8657** County **Saratoga**

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 **Stewart**

12. SIGNATURE DATE **9/15/18**

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
—	—	—	Bullseye Billy Z	Bay	Warmblood	—	5y	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD **Star with strip and snip**

26. OTHER MARKS AND BRANDS _____

27. LEFT FORELIMB _____

28. RIGHT FORELIMB _____

29. LEFT HINDLIMB _____

30. RIGHT HINDLIMB **half stocking (4)**

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
Uptate Veterinary Medical Laboratory
Dr. Tracy Bartick
347 Ring Road
Saratoga, NY 12871
(518) 485-3744

32. DATE RECEIVED **9/19/18**

33. DATE REPORTED OUT **9/19/18**

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).