

EQ

A19-05823

CULTURE
CTION SERVICE
LABORATORY TEST
(16)

SERIAL NO.

S 1141036

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

8-14-18

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.
6267

6. TEST TYPE
 ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Blayne Rankin
587 Homer Roberts Rd
Waynes GA Zip Code **31032**
Tel No. **478-926-9444** County **Waynes**

8. NAME AND ADDRESS OF OWNER (Please print or type)

Andi Grassicock
150 India Woods Dr
Waynes, GA Zip Code **31032**
Tel No. County **Waynes**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Debra & Gerald DMV
300 Bill Conn Pkwy
Waynes, GA Zip Code **31032**
Tel No. **478-926-3320** County **Waynes**

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

D. G. MOO DMV

12. SIGNATURE DATE

8-14-18

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 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
			Morley	Cherry	APHA		2007	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 Blue	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Pastern

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE DIAGNOSTIC LAB COLLEGE OF VET MED USA THENS GA 30602 06-542-5568	32. DATE RECEIVED 8/16/18	33. DATE REPORTED OUT 8/17/18	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN R. CURRIN		35. REMARKS NEGATIVE AGID	

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).