

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

SERIAL NO. **U 1492116** 1. ACCESSION NUMBER **SLA18-4204-16-18** 2. DATE BLOOD DRAWN

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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>June</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>NM 1827</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>R. Jensen 1040 Highway Sunland Park, NM 87063</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>Michael A. Kinoshita DVM 2047 2692 Admission Rd 575-312-9624</i>	
Tel No. County <i>Donn</i>		Tel No. County <i>Doña Ana</i>	

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 <i>Michael A. Kinoshita</i>	11. TYPE OR PRINT SIGNATURE NAME <i>Michael A. Kinoshita</i>	12. SIGNATURE DATE <i>4/17/18</i>
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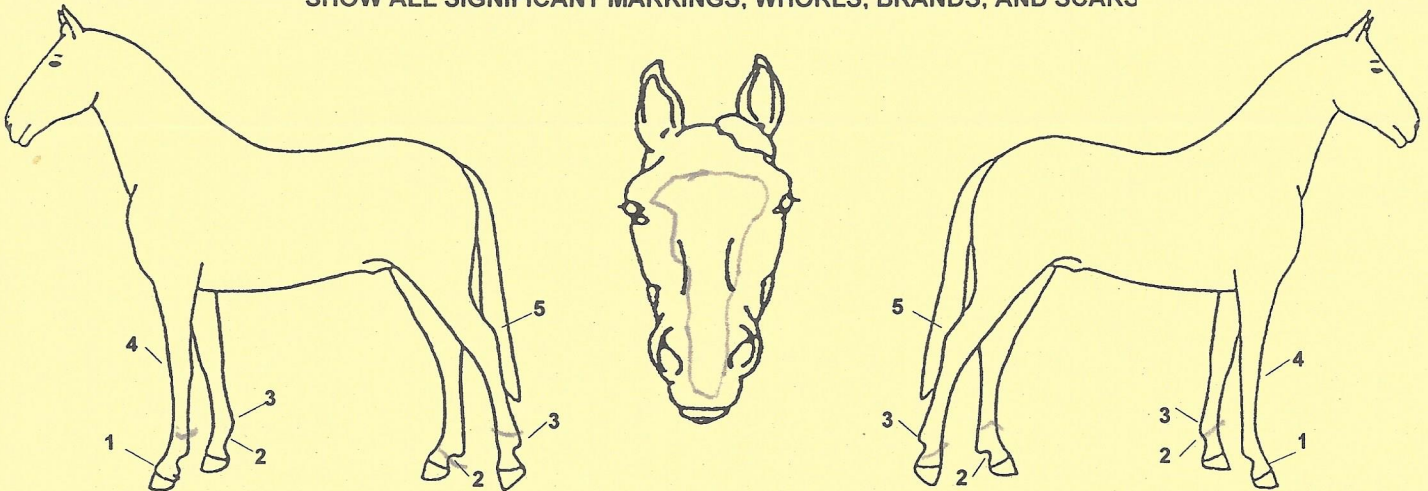
CERTIFICATION OF OWNER OR OWNER'S AGENT

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	18. Tattoo/Brand	19. Name of Horse <i>FROSTED GLASS</i>	20. Color <i>GREY TB</i>	21. Breed	22. Electronic I.D. No.	23. Age or DOB <i>2 F</i>	24. Sex <i>F</i>	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Large Star on Blaze on snout</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>SOCK</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>1/2 Stocking</i>	30. RIGHT HINDLIMB <i>Pastern</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Southwest Large Animal 8739 N. Valley Las Cruces, NM 88007	32. DATE RECEIVED <i>04/17/18</i>	33. DATE REPORTED OUT <i>04/17/18</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS <i>EIA VITAEK</i>	

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).