

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

SERIAL NO.

U1492102

1. ACCESSION NUMBER

SLAB-4234-16-18

2. DATE BLOOD DRAWN

4-16-18

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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>Summer</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>AM 1827</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	ZIP Code
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>John Kennedy 2019 Phoenix Rd Sundland Pa</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>Michael K. Phipps DVM Box 2692 Tullahoma Tenn</i>	
Tel No. County		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.

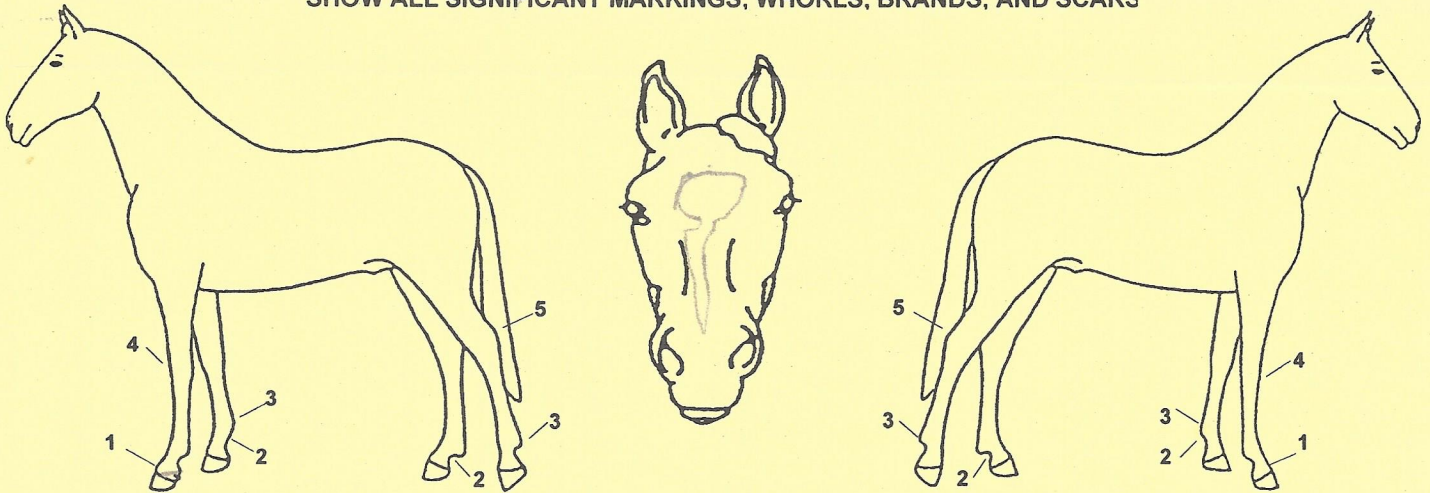
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME <i>Mike Phipps</i>	12. SIGNATURE DATE <i>4-16-18</i>
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>[Signature]</i>		14. TYPE OR PRINT SIGNATURE NAME <i>[Signature]</i>		15. SIGNATURE DATE					
16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse <i>SUNDY</i>	20. Color <i>MIST TB</i>	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex <i>2 F</i>	M - Male F - Female G - Gelding SF - Spayed Female

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 TANGULAR STAR CORN STRIPE</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>CORONARY BAND OUTSIDE & BELL</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Southwest Large Anima 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 VIRUS NEG</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).