

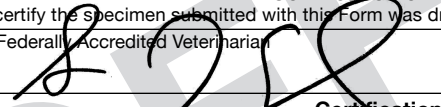
US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 289798LH	1. Accession Number 374287	2. Date Blood Drawn 01/17/19
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Forms Without Adequate Descriptions 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"/> Market <input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Show <input type="checkbox"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) Double J Stables	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 010186	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		364 Carson Ln. Stephens City, VA Zip Code 22655 Tel No. 540-869-7770 County Frederick
8. Name and Address of Owner (Please print or type) Petra Sharp 205 Breckenridge Ct. Strasburg, VA Zip Code 22657 Tel No. (540) 671-1065 County Shenandoah			9. Name and Address of Veterinarian (Please print or type) Shalyn Crawford 9644 South Congress Street New Market, VA Zip Code 28844 Tel No. (540)481-0639 County Shenandoah		

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 Shalyn Crawford	12. Signature Date 01/17/19
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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 Eveatetheapple aka Eve	20. Color Chestnut	21. Breed Thoroughbred	22. Electronic I.D. No.	23. Age or DOB 01/01/2014	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Star	26. Other Marks and Brands
27. Left Forelimb Pastern	28. Right Forelimb
29. Left Hindlimb Sock	30. Right Hindlimb Sock

For Laboratory Use Only

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 01/25/19	33. Date Reported Out 01/26/19	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).