

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

SERIAL NO.
V 117220

1. ACCESSION NUMBER
7802050611

2. DATE BLOOD DRAWN
4/19/19

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.
CA 22180

6. TEST TYPE
 ELISA
 AGID

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

ZIP Code
County

Tel No.

8. NAME AND ADDRESS OF OWNER (Please print or type)
 Rose Carlman
 1170 Bruce way
 Ventura, CA
 ZIP Code 93003
 County Ventura
 Tel No. (860) 212-4731

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
 Caitlin Zacha DVM
 PO Box 892
 Sanis, CA
 ZIP Code 93066
 County Ventura
 Tel No. 805-525-5553

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
Caitlin Zacha DVM

11. TYPE OR PRINT SIGNATURE NAME
Caitlin Zacha DVM

12. SIGNATURE DATE
4/10/19

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.

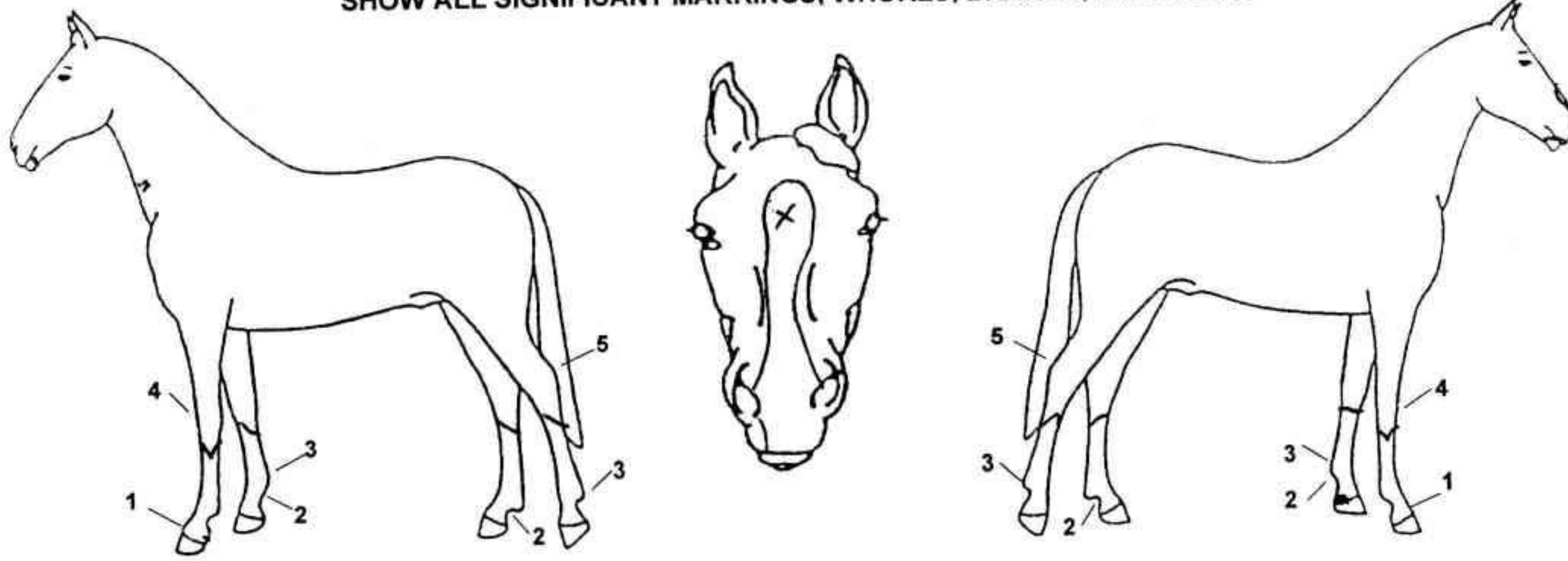
13. SIGNATURE OF OWNER OR OWNER'S AGENT

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
			Captain Morgan	Bay	KWPN		8y	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
Blaze, white on chin, whorl on forehead

26. OTHER MARKS AND BRANDS
Indent on left neck

27. LEFT FORELIMB
white stocking

28. RIGHT FORELIMB
white stocking

29. LEFT HINDLIMB
white stocking

30. RIGHT HINDLIMB
white stocking

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
IDEXX Laboratories
Irvine, CA

32. DATE RECEIVED
4/10/19

33. DATE REPORTED OUT
4/12/19

34. TEST RESULTS
 Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN
[Signature]

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).