

**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
U.S. Department of Agriculture  
 Animal and Plant Health Inspection Service  
 (VS Memorandum 505.10)

Serial No. **704515**

1. Accession Number  
 18-L07012

2. Date Blood Drawn  
 06/05/2018

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 Annual Change of Ownership  
 Show Ribcage  
 First Test Export

7. Name and Address of Stable/Market  
 Charlotte deWall  
 13801 SW 171st Place  
 Archer, FL  
 Zip Code 32618  
 County Alachua  
 Tel No. (941) 448-0359

4. Geographic Information Systems (GIS)  
 Lat: --  
 Long: --

5. Veterinary License or Accreditation No.  
 VM8406  
 ELISA  
 AGID

9. Name and Address of Veterinarian (Please print or type)  
 Erica M. Lacher  
 22837 NW 22nd Avenue  
 Newberry, FL  
 Zip Code 32669  
 County Alachua  
 Tel No. (352) 331-8434

8. Name and Address of Owner (Please print or type)  
 Charlotte deWall  
 13801 SW 171st Place  
 Archer, FL  
 Zip Code 32618  
 County Alachua  
 Tel No. (941) 448-0359

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.  
 Signature: *Erica M. Lacher*  
 11. Type or Print Signature Name: Erica M. Lacher  
 12. Signature Date: 06/05/2018

10. Signature of Federally Accredited Veterinarian  
 I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.  
 Signature: *Erica M. Lacher*  
 14. Type or Print Signature Name: Erica M. Lacher  
 15. Signature Date: 06/05/2018

13. Signature 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.  
 Signature: *Erica M. Lacher*  
 14. Type or Print Signature Name: Erica M. Lacher  
 15. Signature Date: 06/05/2018

16. Tubo 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
		J03922	Mister Bugabee	Bay	Thoroughbred		02/02/2006	G	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



Narrative Description and Remarks	
25. Head	Srip Star
26. Other Marks and Brands	-
27. Left Forelimb	-
28. Right Forelimb	Pastern
29. Left Hindlimb	Sock
30. Right Hindlimb	-

For Laboratory Use Only			
31. Laboratory Name/City/State Equine Medical Center Laboratory Ocala, FL	32. Date Received 06/06/2018	33. Date Reported Out 06/07/2018	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 Virginia Hill			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 100).

PART 1 - VETERINARIAN / SUBMITTER