

US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 297461LH	1. Accession Number 382735	2. Date Blood Drawn 03/12/19
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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) Honey Tree Stables	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 029787	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		3150 Lanes Mill Road Oxford, OH Zip Code 45056 Tel No. 513-805-6246 County Butler
8. Name and Address of Owner (Please print or type) Audrey Hodson 3828 Skyline Dr Richmond, IN Zip Code 47374 Tel No. (304)261-9155 County Wayne			9. Name and Address of Veterinarian (Please print or type) Bryan McNabb 1200 Oregonia Rd. Lebanon, OH Zip Code 45036 Tel No. (513)932-4181 County Warren		

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>Bryan McNabb DVM</i>	11. Type or Print Signature Name Bryan McNabb	12. Signature Date 03/12/19
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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 Gucci	20. Color Bay	21. Breed TB	22. Electronic I.D. No.	23. Age or DOB 8	24. Sex G	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 Connected Star/Strip/Snip	26. Other Marks and Brands
27. Left Forelimb	28. Right Forelimb Coronet
29. Left Hindlimb	30. Right Hindlimb

For Laboratory Use Only

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 03/15/19	33. Date Reported Out 03/16/19	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 <i>Susan Fowler</i>		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).