

U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 955, 10)	Serial No. 725012	1. Accession Number E1810488	2. Date Blood Drawn 09/14/2018
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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 Annual Change of Ownership <input type="checkbox"/> Show Re-test <input type="checkbox"/> First Test Export <input type="checkbox"/>	7. Name and Address or Stable/Market (Please print or type) Amy Locklear
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. VM9294
6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	7542 Artifact Dr Zephyrhills, FL Zip Code 33541 Tel No. (813) 779-9711 County --
8. Name and Address of Owner (Please print or type) Amy Locklear 7542 Artifact Dr Zephyrhills, FL Zip Code 33541 Tel No. (813) 779-9711 County --	9. Name and Address of Veterinarian (Please print or type) Nancy L. Bielawski PO Box 1239 Zephyrhills, FL Zip Code 33539 Tel No. (352) 812-0042 County Pasco

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>Nancy L. Bielawski DVM</i>	11. Type or Print Signature Name Nancy L. Bielawski	12. Signature Date 09/17/2018
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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							
16. Tube No. 4	17. Official Tag No. -	18. Tattoo/Brand -	19. Name of Horse Charlie	20. Color Liver Chestnut	21. Breed Thoroughbred	22. Electronic I.D. No. -	23. Age or DOB 09/01/2015	24. Sex G	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Star	26. Other Marks and Brands Medium-Forehead / FEW white hairs for a Star. LH uneven coronet
27. Left Forelimb -	28. Right Forelimb -
29. Left Hindlimb Coronet	30. Right Hindlimb -

For Laboratory Use Only

31. Laboratory Name/City/State Florida Dept. of Agri. and Cons. Serv., I Kissimmee, FL	32. Date Received 09/18/2018	33. Date Reported Out 09/19/2018	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 Trevor Jackson		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).