

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

SERIAL NO. **T 1760500**  
1. ACCESSION NUMBER **19-0097**  
2. DATE BLOOD DRAWN **4-16-19**

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 <input type="checkbox"/> Market <input checked="" type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>Katherine Alban</b> <b>25044 Cedar Butte Rd</b> <b>Belvidere SD</b> ZIP Code <b>57521</b> Tel No. <b>605-319-1212</b> County <b>Mallette</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>SD 633</b>	8. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>Katherine Alban</b> <b>25044 Cedar Butte Rd</b> <b>Belvidere SD</b> ZIP Code <b>57521</b> Tel No. <b>605-319-1212</b> County <b>Mallette</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.K. Kinsley, DVM</b> <b>Murdo Veterinary Dis.</b> <b>PO Box 358</b> <b>408 Cedar Ave</b> <b>Murdo SD</b> ZIP Code <b>57557</b> Tel No. <b>605-669-2531</b> County <b>Jones</b>	

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>C.K. Kinsley, DVM</i>	11. TYPE OR PRINT SIGNATURE NAME <b>C.K. Kinsley, DVM</b>	12. SIGNATURE DATE <b>4-16-19</b>
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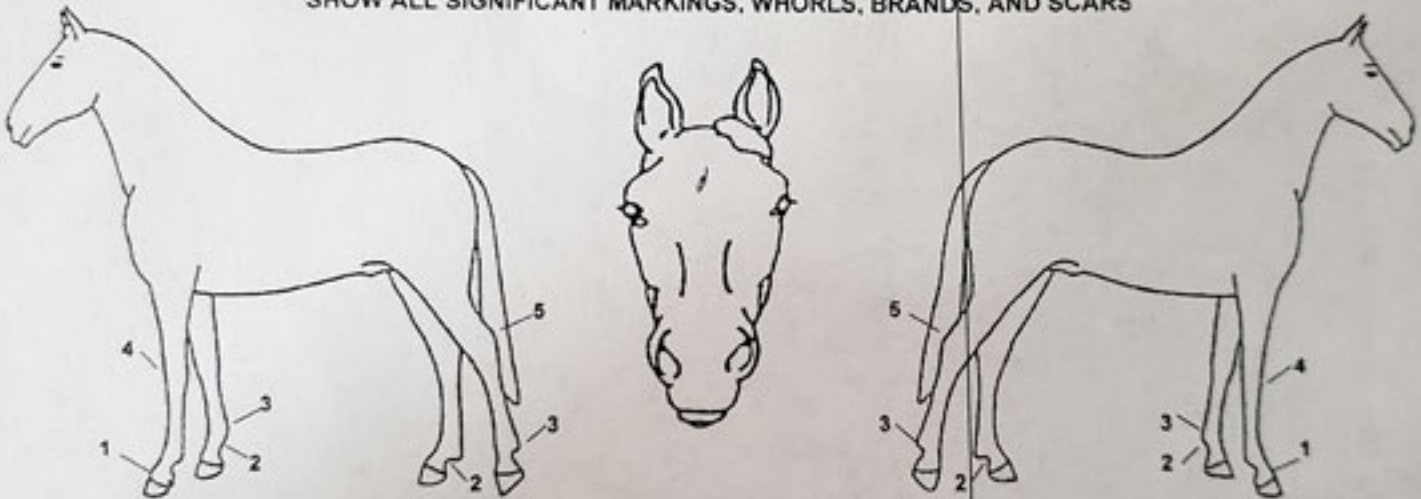
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>Katherine Alban</i>	14. TYPE OR PRINT SIGNATURE NAME <b>Katherine Alban</b>	15. SIGNATURE DATE <b>4/16/19</b>
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse <b>Umbreon</b>	20. Color <b>Bay</b>	21. Breed <b>Warm Blood</b>	22. Electronic I.D. No.	23. Age or DOB <b>1yr</b>	24. Sex <b>F</b>	M - Male F - Female G - Gelding SP - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <b>Small whorl</b>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <b>Dakota West</b> <b>Rapid City SD</b>	32. DATE RECEIVED <b>4-22-19</b>	33. DATE REPORTED OUT <b>4-22-19</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>V. Acosta</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 1007).