



19-16975
05/10/19

FORM APPROVED - OMB NUMBER 0578 - 0127

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DEPARTMENT OF AGRICULTURE
HEALTH INSPECTION SERVICE
ANEMIA LABORATORY TEST
(Memorandum 555, 16)

SERIAL NO. T 1866650
1. ACCESSION NUMBER 19-16975
2. DATE BLOOD DRAWN 5-6-2019

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"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Leo/lo Nallo 2250 Red Crow Rd Victor, MT ZIP Code 59875 Tel No. 406-207-1158 County Ravalli	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. Z172	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Helen Grasseschi 4630 Fox Farm Rd Great Falls, MT ZIP Code 59404 Tel No. 406-868-2460 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Dr. Tom Currier 424 Rib Lane Stevenoville, MT ZIP Code 59870 Tel No. 406-777-3544 County Ravalli	

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>Thomas A. Currier DVM</i>	11. TYPE OR PRINT SIGNATURE NAME Thomas A. Currier DVM	12. SIGNATURE DATE 5-6-2019
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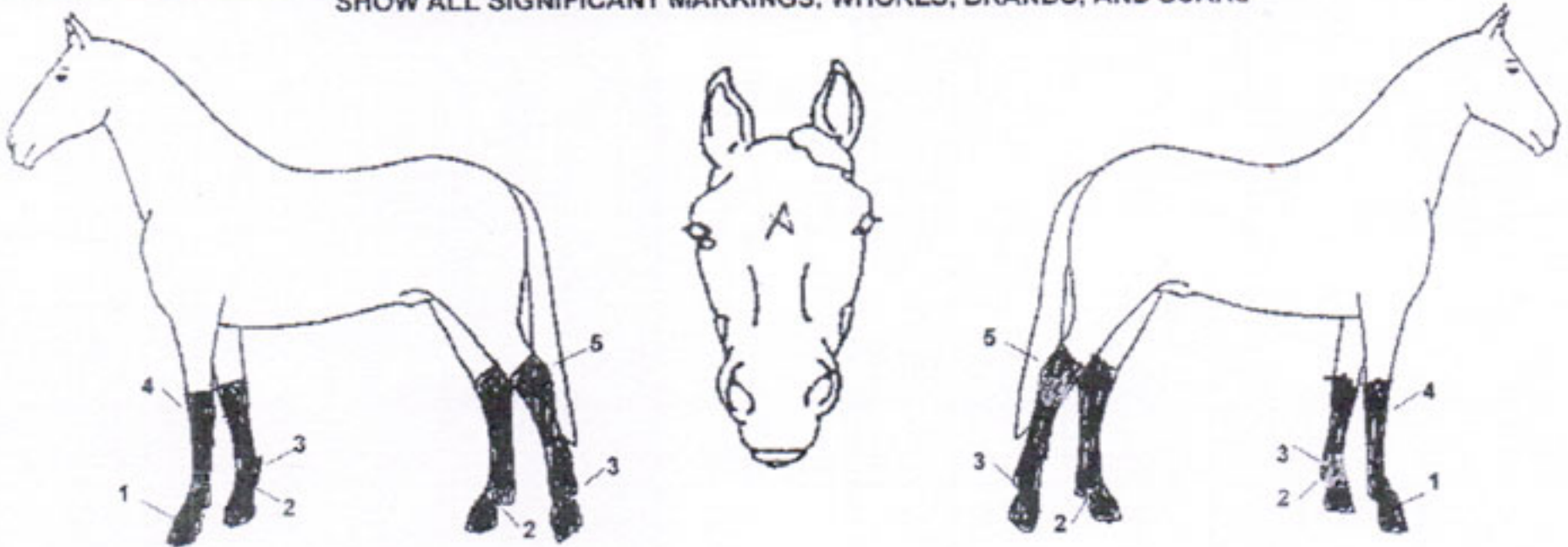
CERTIFICATION OF OWNER OR OWNER'S AGENT

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	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 SP - Sprayed Female
			Amalie Bee	Bay	Friesian	985112008697815	3yr	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD sw.r	26. OTHER MARKS AND BRANDS microchip # 985112008697815
27. LEFT FORELIMB black stocking	28. RIGHT FORELIMB black stocking
29. LEFT HINDLIMB black stocking	30. RIGHT HINDLIMB black stocking

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED 5/10/19	33. DATE REPORTED OUT 5/10/19	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>DT</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).