



Newman Equine
2005 Pluckebaum Rd - Cocoa, FL 32926
P: (321) 639-4242 - F: (321) 638-8863 - info@newmanequine.com
<http://www.newmanequine.com/>
<https://www.facebook.com/newmanequine/>

Owner: Myrthe Van Noetsele (6239)
Patient: Erable Van Noetsele (17787)
Breed: Dutch Warmblood
Age: 8 years 1 month

Lab Test: 7/27/2018 - Coggins Test

US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 274090LH	1. Accession Number 358136	2. Date Blood Drawn 07/27/18
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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) 5 Oaks Stable	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 3637	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		1015 East Crisafulli Rd. Merritt Island, FL Zip Code 32953 Tel No. County Brevard
8. Name and Address of Owner (Please print or type) Myrthe Van Noetsele 4500 Rector Rd Cocoa, FL Zip Code 32926 Tel No. (253)709-2399 County Brevard			9. Name and Address of Veterinarian (Please print or type) Bradley Newman DVM 2005 Pluckebaum Road Cocoa, FL Zip Code 32926 Tel No. (321)639-4242 County		

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>Bradley Newman DVM</i>	11. Type or Print Signature Name Bradley Newman DVM	12. Signature Date 07/27/18
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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. 3	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Erabel	20. Color Bay	21. Breed Dutch Warmblood	22. Electronic I.D. No.	23. Age or DOB 01/01/2009	24. Sex F	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 Star/Snip	26. Other Marks and Brands
27. Left Forelimb Coronet	28. Right Forelimb Coronet
29. Left Hindlimb Half Pastern	30. Right Hindlimb

For Laboratory Use Only

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 08/06/18	33. Date Reported Out 08/07/18	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).