

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555, 16)

SERIAL NO. **U671227**
1. ACCESSION NUMBER **18X005758**
2. DATE BLOOD DRAWN **10/11/18**

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 type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) same as #8	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. VM 8602 NAN 026556	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) Skye Gravols C/O Cedar Hill 4251 NE 136th Ave Wilton, FL ZIP Code 32696 Tel No. County Levy
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Nathan R. Mitts 4747 SW 60th Ave Ocala, FL ZIP Code 34474 Tel No. (352) 237-6151 County Marion			

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 	11. TYPE OR PRINT SIGNATURE NAME Nathan R. Mitts	12. SIGNATURE DATE 10/11/18
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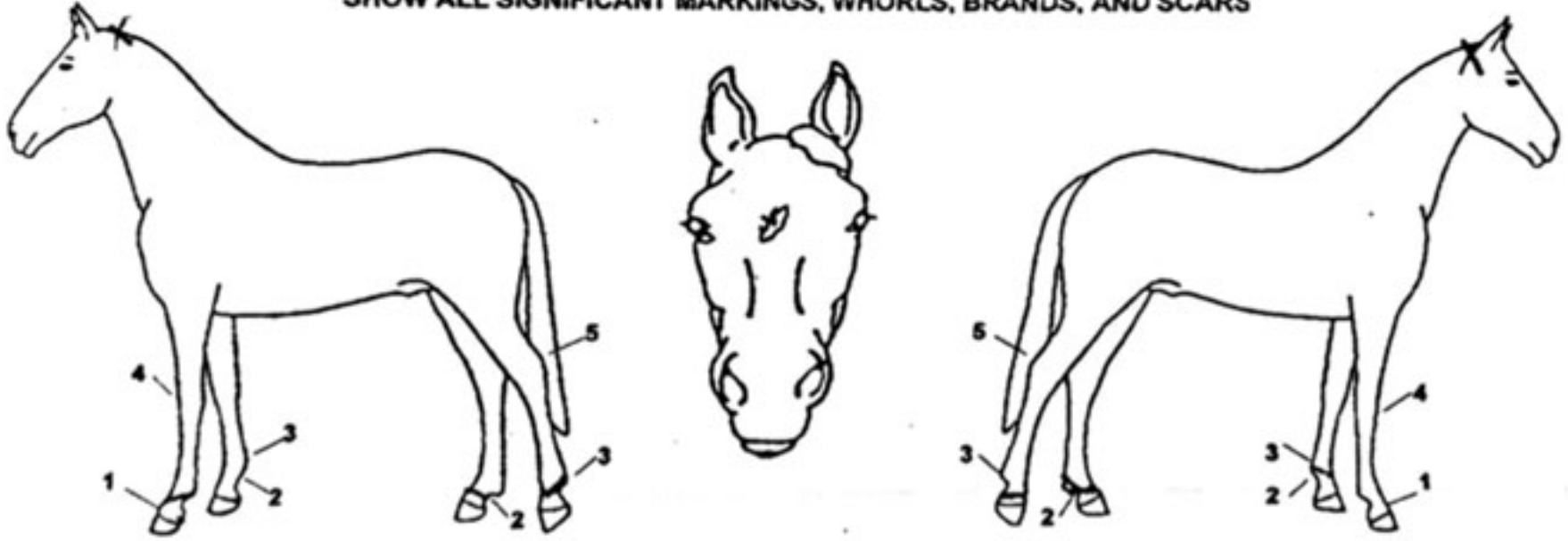
CERTIFICATION OF OWNER OR OWNER'S AGENT

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.	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 - Spayed Female
6			Willow Luna	chest	KWPN		2003	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 Star whorl	26. OTHER MARKS AND BRANDS Whorls @ p/b
27. LEFT FORELIMB Sole	28. RIGHT FORELIMB -
29. LEFT HINDLIMB Sole	30. RIGHT HINDLIMB Past

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Mid-Florida Veterinary Lab Ocala, FL 34474	32. DATE RECEIVED 10/12/18	33. DATE REPORTED OUT 10/15/18	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 Sheldon Leon		36. REMARKS SE	

MID FLORIDA VET LAB
CERTIFIED LAB COPY

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).