

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
	V 839438	19-5745-2	8-30-19

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 type="checkbox"/> Change of Ownership <input checked="" 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) Sovereign Farms 6700 S Verrado Way Buckeye AZ ZIP Code 85326 Tel No. 602-999-4068 County Maricopa	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. AZ4223	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Stacy Steiner 3602 E Wethersfield Phoenix AZ ZIP Code 85038 Tel No. 602-714-8098 County Maricopa		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Alana Hendrix 19840 W Mitchell Ct Buckeye AZ ZIP Code 85396 Tel No. 623-225-5112 County Maricopa	

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	12. SIGNATURE DATE
<i>[Signature]</i>	Alana Hendrix	8-30-19

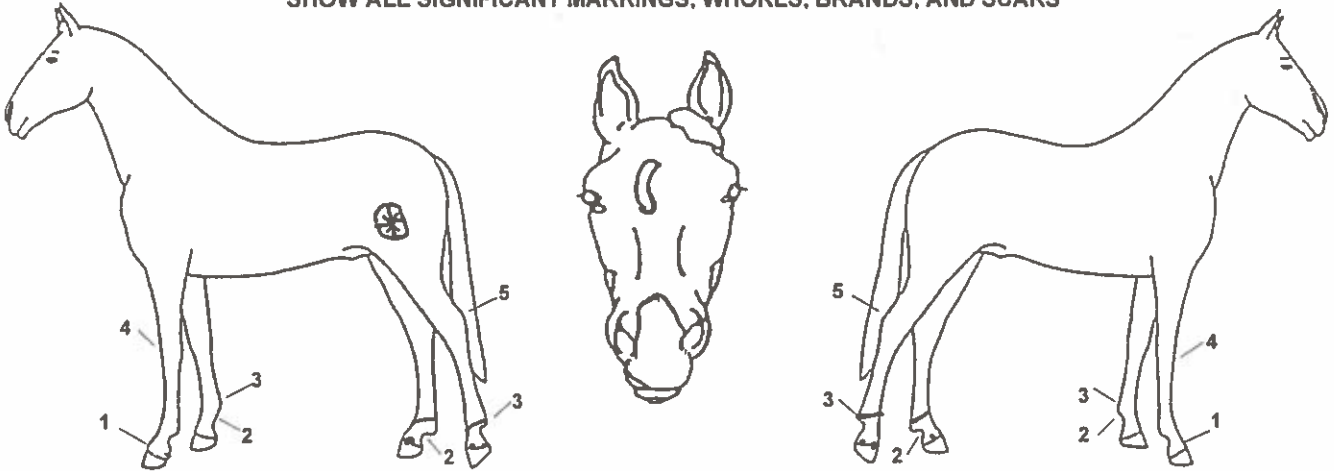
CERTIFICATION OF OWNER OR OWNER'S AGENT

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
		8-30-19

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 SF - Spayed Female
		⊗ hip	Tourmaline	Bay	Warm blood	9851100 1760584	3/31/ 2019	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	26. OTHER MARKS AND BRANDS
Star, snip	Brand ⊗ hip
27. LEFT FORELIMB	28. RIGHT FORELIMB
None	None
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
Sock, ermine spots	Pastern lateral / sock medial, ermine spots

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
The University of Arizona	9/4/19	9/4/19	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
Vet Diagnostic Lab 2891 N Freeway Tucson AZ 85705	35. SIGNATURE OF TECHNICIAN		36. REMARKS
	<i>[Signature]</i>		

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).