

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

SERIAL NO. **V 839437** 1. ACCESSION NUMBER **19-5745-1** 2. DATE BLOOD DRAWN **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. 602 994 4068 County Maricopa	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. AZ4223	8. 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 Wethers Field Phoenix AZ ZIP Code 85032 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 Alana Hendrix	12. SIGNATURE DATE 8-30-19
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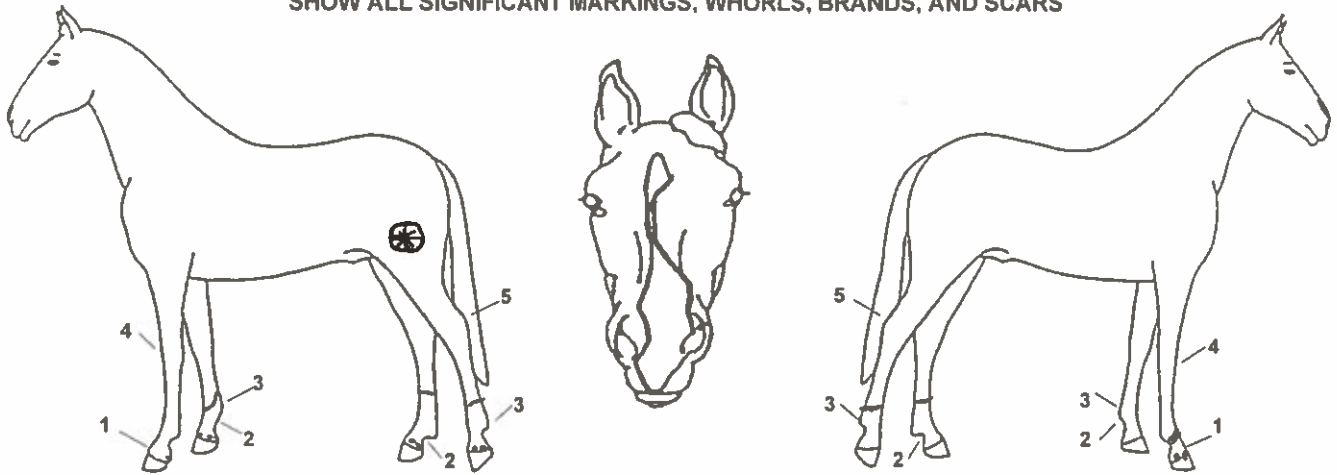
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 8-30-19
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16. Tube No.	17. Official Tag	18. Tattoo/Brand 	19. Name of Horse Telemachus	20. Color Bay	21. Breed warm blood	22. Electronic I.D. No. 98511100 1760583	23. Age or DOB 4/30/2019	24. Sex M	M - Male F - Female G - Gelding SF - 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 Star/strip/ship	26. OTHER MARKS AND BRANDS Brand hip
27. LEFT FORELIMB None	28. RIGHT FORELIMB Pastern lateral/sock medial, ermine spots
29. LEFT HINDLIMB sock, ermine spots	30. RIGHT HINDLIMB sock, ermine spots

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE The University of Arizona Vet Diagnostic Lab 2831 N Freeway Tucson AZ 85705	32. DATE RECEIVED 9/4/19	33. DATE REPORTED OUT 9/4/19	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 		36. REMARKS	

Falsification of this form 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).