

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>T 1195424</b>	1. ACCESSION NUMBER <b>E1902335</b>	2. DATE BLOOD DRAWN <b>3-22-19</b>
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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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>Duck Horse Farm</b> <b>1362 Skyline Drive</b> <b>Saltsburg Pa</b> ZIP Code <b>15681</b> Tel No. <b>724-858-9026</b> County <b>Indiana</b>
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>069934</b>
6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>Brittany Naumann, DVM</b> <b>3528 Rte 981</b> <b>Saltsburg Pa</b> ZIP Code <b>15681</b> Tel No. <b>724-702-0160</b> County <b>Westmoreland</b>
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>Scie Amster</b> <b>4681 Saltsburg Road</b> <b>Murrysville Pa</b> ZIP Code <b>15668</b> Tel No. <b>412-601-0084</b> County <b>Westmoreland</b>	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>Brittany Naumann, DVM</b> <b>3528 Rte 981</b> <b>Saltsburg Pa</b> ZIP Code <b>15681</b> Tel No. <b>724-702-0160</b> County <b>Westmoreland</b>

**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>Brittany Naumann</i>	11. TYPE OR PRINT SIGNATURE NAME <b>Brittany Naumann, DVM</b>	12. SIGNATURE DATE <b>3-22-19</b>
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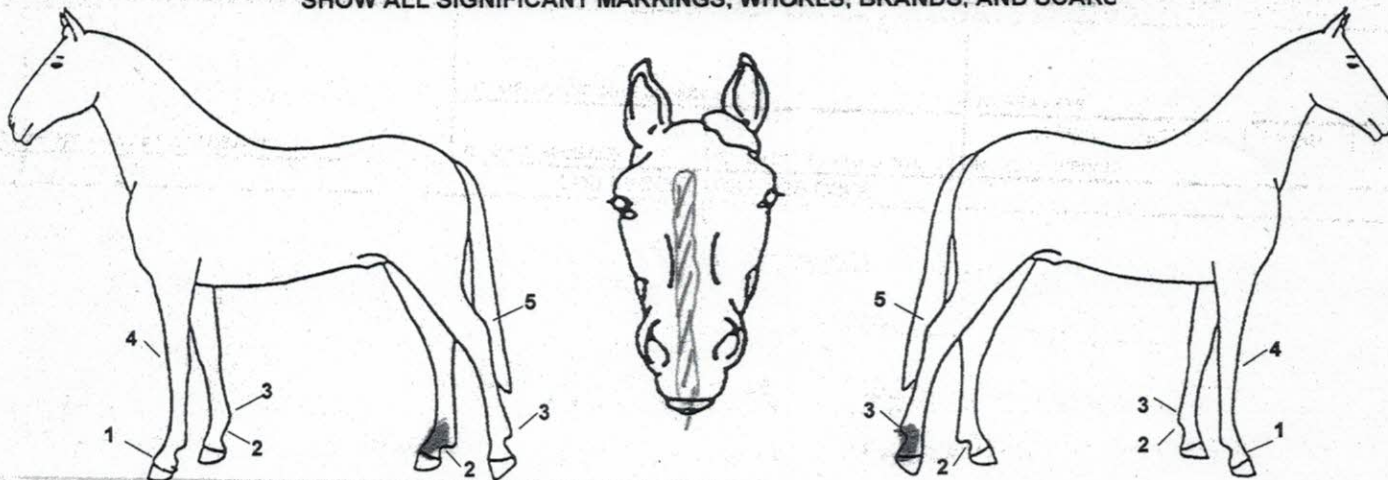
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 <i>Rachel Cline</i>	14. TYPE OR PRINT SIGNATURE NAME <b>Rachel Cline</b>	15. SIGNATURE DATE <b>3-22-19</b>
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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 SF - Spayed Female
17			Estelle 954 (Estelle)	bay	TRX		2008	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 <b>Star, strip, snip</b>	26. OTHER MARKS AND BRANDS <b>n/a</b>
27. LEFT FORELIMB <b>n/a</b>	28. RIGHT FORELIMB <b>n/a</b>
29. LEFT HINDLIMB <b>n/a</b>	30. RIGHT HINDLIMB <b>sock</b>

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE 2305 N. CAMPBELL ST MARIETTA, GA 30067 (770) 787-1800	32. DATE RECEIVED <b>3-27-19</b>	33. DATE REPORTED OUT <b>3-28-2019</b>	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>Jay Jan</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).