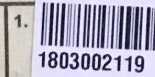


UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
V 356934



1. DATE BLOOD DRAWN
4/9/19

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) Red Gate Farm 47 Buttonwood Rd Blauvelt, NY ZIP Code 12721 Tel No. 845-386-5081 County Orange	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 007378	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Crystal Hartler 511 Longtown Rd Port Jervis NY ZIP Code 12771 Tel No. 845-699-5995 County Otsego		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) MME-G 95 McKimstry Rd Gardiner NY ZIP Code 12525 Tel No. 845-800-8437 County Ulster	

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.

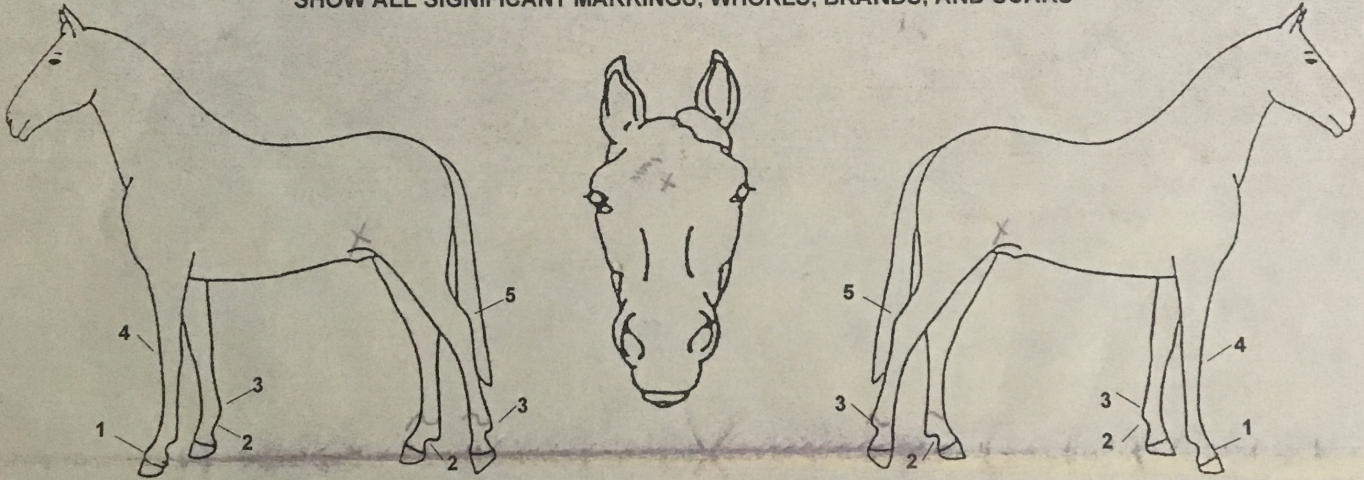
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Kathleen M. Gould</i>	11. TYPE OR PRINT SIGNATURE NAME Kathleen M Gould	12. SIGNATURE DATE 4/9/19
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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			
16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Piper	20. Color bay	21. Breed American WB	22. Electronic I.D. No.	23. Age or DOB 01/2/12	24. Sex F	M - Male F - Female G - Gelding SF - Spayed Female		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Whorl between eyes, white hairs	26. OTHER MARKS AND BRANDS Whorls as shown
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB sock	30. RIGHT HINDLIMB sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE IDEXX LABORATORY 3 CENTENNIAL DR NORTH GRAFTON MA 01536	32. DATE RECEIVED 4-13-19	33. DATE REPORTED OUT 4-15-19	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>[Signature]</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).