

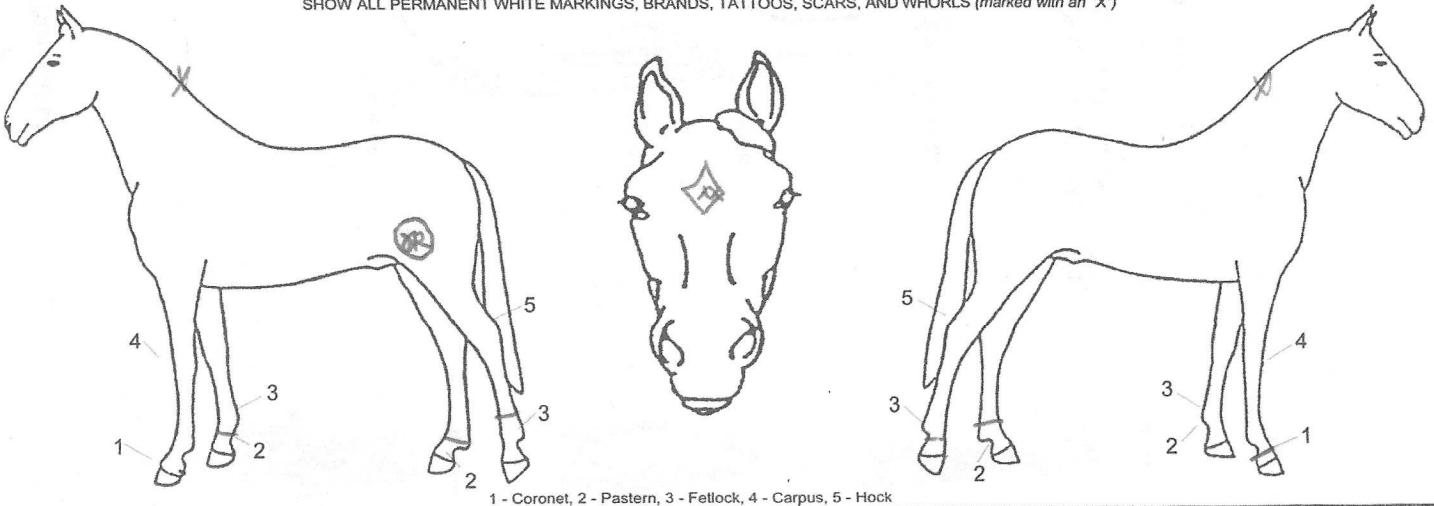
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 366820

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER (for laboratory use only) RR19-9965		2. DATE BLOOD DRAWN 10-19-19		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input type="checkbox"/> AGID			
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure							
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)			7. NAME AND ADDRESS OF OWNER				
5a. NAME MADISON LEE			7a. NAME SAME AS #5				
5b. PHYSICAL/STREET ADDRESS 1254 MILLENSBURG ROAD			7b. MAILING ADDRESS				
5c. CITY, STATE, ZIP CODE PARIS, KY 40361			7c. CITY, STATE, ZIP CODE				
5d. TELEPHONE NUMBER		6. COUNTY OF EQUINE AT BLOOD DRAW BOURBON		7d. TELEPHONE NUMBER			
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.							
8. ACCREDITED VETERINARIAN							
8a. VETERINARIAN NAME JAMIE KACZOR, DVM		8b. NATIONAL ACCREDITATION NUMBER 81722	8c. VETERINARIAN SIGNATURE <i>Jamie Kaczor</i>		8d. SIGNATURE DATE 10-19-19		
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN RREH - 2150 GEORGETOWN ROAD			8f. CITY, STATE, ZIP CODE LEXINGTON, KY 40511		8g. TELEPHONE NUMBER 859-233-0371		
9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal	12. Color	13. Breed (or species if not a horse)	14. Age or DOB	15. Sex	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
		BASYE REIGN	CH	WB	2018	F	
16. MICROCHIP, BREED, OR REGISTRATION NUMBER							

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



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

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD STAR	18. NECK AND BODY (include coat color patterns, if any) X=WHORL, BRAND LEFT HIP
19. LEFT FORELIMB N/A	20. RIGHT FORELIMB PASTERN, ERMINES
21. LEFT HINDLIMB LOWER CANNON, ERMINES	22. RIGHT HINDLIMB PASTERN, ERMINES

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME Diane E. Chatman	24. DATE SAMPLE RECEIVED 10-21-19	25. DATE RESULTS REPORTED 10-22-19	26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	27. TEST TYPE USED <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
28. LABORATORY REMARKS ROOD & RIDDLE EQUINE HOSPITAL				
23a. CITY LEXINGTON, KY 40511 (859) 233-0371	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN <i>Diane E. Chatman</i>		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	
23b. STATE				