


US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.15)	Serial No. 306886LH	1. Accession Number 391497	2. Date Blood Drawn 04/02/19
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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 checked="" type="checkbox"/> Annual <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Show <input type="checkbox"/> First Test	7. Name and Address or Stable/Market (Please print or type) JL Performance Horses	
<input type="checkbox"/> Retest <input type="checkbox"/> Export		30 Commercial Drive		
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 012742	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. Name and Address of Owner (Please print or type) Loren Piechnik 303 Blue Heron Drive Youngsville, NC Tel No. 607.759.7602		Zip Code 27596 County Franklin	9. Name and Address of Veterinarian (Please print or type) Sean Nash 45 Lower Creek Road Ithaca, NY Tel No. (607)347-4770	
			Zip Code 13790	County Broome
			Zip Code 14850	County Tompkins

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 Sean Nash	12. Signature Date 04/02/19
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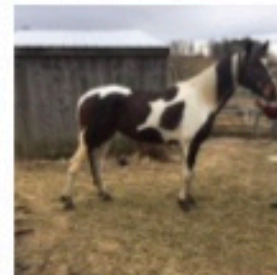
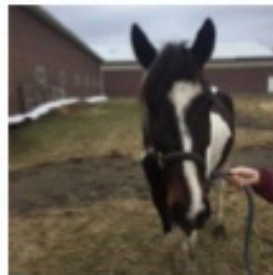
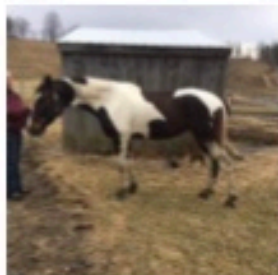
Certification of Owner or Owner's Agent

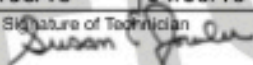
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. Signature of Owner or Owner's Agent	14. Type or Print Signature Name	15. Signature Date
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16. Tube No. 00	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Nadzieja aka JJ	20. Color Dark Brown and White Pico	21. Breed Draft Cross	22. Electronic I.D. No.	23. Age or DOB 6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks			
25. Head Star/Strip/Snip whorl on forehead	26. Other Marks and Brands whorl both sides of neck		
27. Left Forelimb Stocking	28. Right Forelimb Stocking		
29. Left Hindlimb Stocking	30. Right Hindlimb Stocking		
For Laboratory Use Only			
31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 04/08/19	33. Date Reported Out 04/09/19	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 		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).