

See reverse for more OMB information.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.10)

SERIAL NO.

U 1378207

1. ACCESSION NUMBER

19-51242-3

2. DATE BLOOD DRAWN

3/21/19

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

Show First Test
 Market Change of Ownership Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

036420

6. TEST TYPE

ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Daman Mazac
10576 Log Cabin Rd
Denton, MD ZIP Code 21629
Tel No. County Caroline

8. NAME AND ADDRESS OF OWNER (Please print or type)

SARIE
Tel No. County ZIP Code

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

T. R. CORKRAN, V.M.D.
Equine Practices
P.O. Box 36 ZIP Code
Tel No. Centreville, MD 21617 County

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

[Signature]

11. TYPE OR PRINT SIGNATURE NAME

T.R. Corkran, V.M.D.

12. SIGNATURE DATE

3/21/19

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.

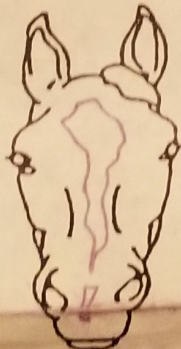
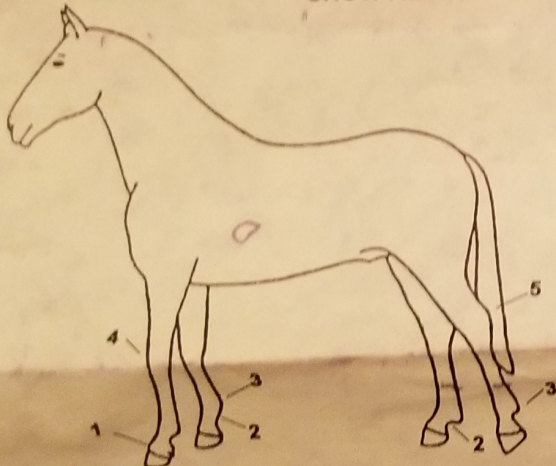
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
		NA	Clementine	Chestnut	Andaluz	2760981 02505461	10Y	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

Star-stripe-snip

27. LEFT FORELIMB

NA

29. LEFT HINDLIMB

sock

26. OTHER MARKS AND BRANDS

28. RIGHT FORELIMB

30. RIGHT HINDLIMB

sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

Agricultural Laboratory Scientist III
SAHL Salisbury, Maryland

32. DATE RECEIVED

3/22/19

33. DATE REPORTED OUT

3/22/19

35. SIGNATURE OF TECHNICIAN

[Signature]

34. TEST RESULTS

Negative Positive AGID ELISA

36. REMARKS

29020320et15

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).