

See reverse for more OMB information.

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

SERIAL NO. **U 1378209** 1. ACCESSION NUMBER **19-51242-2** 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  Re-test  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)  
**Damian Cazac**  
**10570 Log Cabin Rd**  
**Denton MD** ZIP Code **21629**  
Tel No. County **Caroline**

8. NAME AND ADDRESS OF OWNER (Please print or type)  
**SAME** ZIP Code Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)  
**T. R. CORKRAN, V.M.D.**  
**Equine Practice**  
**P.O. Box 36** ZIP Code  
**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 11. TYPE OR PRINT SIGNATURE NAME **T.R. Corkran, V.M.D.** 12. SIGNATURE DATE **3/21/19**

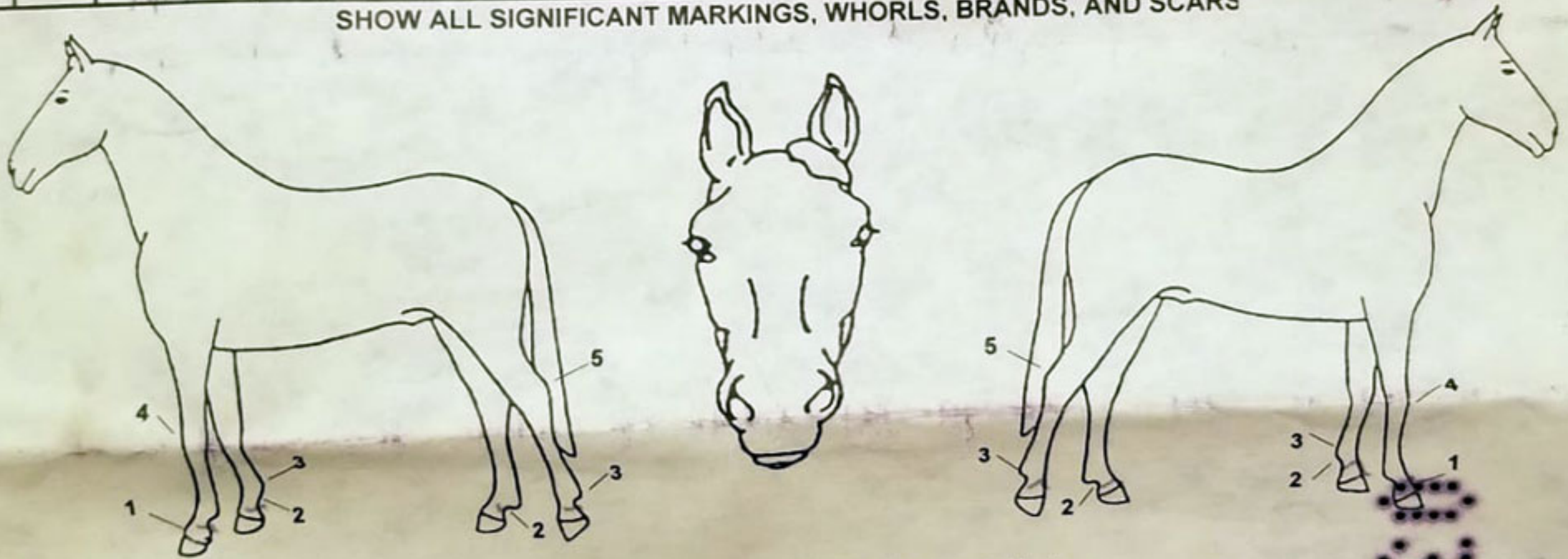
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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
		<b>NA</b>	<b>Spirit</b>	<b>Grey</b>	<b>Westphalian</b>	<b>93300320</b> <b>014166</b>	<b>5Y</b>	<b>F</b>	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD **NA** 26. OTHER MARKS AND BRANDS **NA**

27. LEFT FORELIMB **Coronet** 28. RIGHT FORELIMB **Coronet**

29. LEFT HINDLIMB **Coronet** 30. RIGHT HINDLIMB **Coronet**

**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** 34. TEST RESULTS  Negative  Positive  AGID  ELISA

35. SIGNATURE OF TECHNICIAN **[Signature]** 36. REMARKS **290203 Zoetis**

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).