

U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST <small>(VS Memorandum 555.16)</small>	Serial No. <h2 style="text-align: center;">808694</h2>	1. Accession Number R1928984	2. Date Blood Drawn 08/09/2019
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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 Annual <input type="checkbox"/> Market <input type="checkbox"/> Annual Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export <input type="checkbox"/>	7. Name and Address or Stable/Market (Please print or type) Beutke Hill Performance Horses 3818 Millikan Rd Sophia, NC Zip Code 27350 Tel No. (336) 963-4427 County Randolph
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 3919
6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. Name and Address of Owner (Please print or type) Beutke Hill Performance Horses 3818 Millikan Rd Sophia, NC Zip Code 27350 Tel No. (336) 963-4427 County Randolph	9. Name and Address of Veterinarian (Please print or type) Tracy M. brown 3547 Beckerdite Road Sophia, NC Zip Code 27350 Tel No. (336) 870-8805 County Randolph

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 Tracy M. brown	12. Signature Date 08/12/2019
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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.	17. Official Tag No.	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 N - Neuter
q	-	-	Snow White aka Snow	Palomino	Quarter Horse	-	01/01/2015	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Star	26. Other Marks and Brands Small Hair Whorl-Forehead
27. Left Forelimb No Markings	28. Right Forelimb No Markings
29. Left Hindlimb No Markings	30. Right Hindlimb No Markings

For Laboratory Use Only

31. Laboratory Name/City/State Rollins Animal Disease Diag, Lab Raleigh, NC	32. Date Received 08/13/2019	33. Date Reported Out 08/14/2019	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 Kimberly Howle			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 100).