

US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 341286LH	1. Accession Number 427302	2. Date Blood Drawn 11/05/19
	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 <input type="checkbox"/> Annual <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Show <input type="checkbox"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) Stacey Lent 460 N Camino Del Codorniz Tucson, AZ Zip Code 85748 Tel No. 520-615-1323 County Pima
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 015557	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	9. Name and Address of Veterinarian (Please print or type) Ann Pearson 9100 East Tanque Verde, Suite 100 Tucson, AZ Zip Code 85749 Tel No. (520)749-1446 County Pima
8. Name and Address of Owner (Please print or type) Stacey Lent 460 N Camino Del Codorniz Tucson, AZ Zip Code 85748 Tel No. 520-615-1323 County Pima			

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.

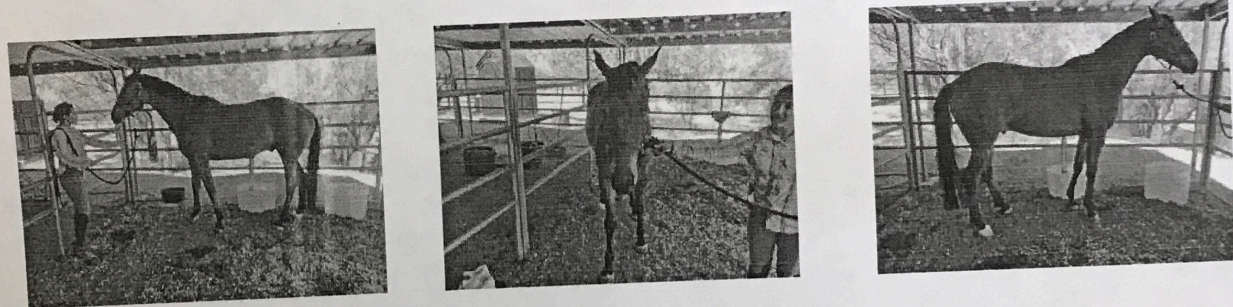
10. Signature of Federally Accredited Veterinarian <i>Ann M Pearson DVM</i>	11. Type or Print Signature Name Ann Pearson	12. Signature Date 11/05/19
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Certification of Owner or Owner's Agent
 I certify that I have examined this form and, to the best 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

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Hollywood	20. Color Bay	21. Breed Warmblood	22. Electronic I.D. No.	23. Age or DOB 05/10/2012	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	26. Other Marks and Brands
27. Left Forelimb	28. Right Forelimb Coronet
29. Left Hindlimb	30. Right Hindlimb Coronet

For Laboratory Use Only

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 11/11/19	33. Date Reported Out 11/12/19	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 <i>Susan Fowler</i>		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).

PART 1 - VETERINARIAN/SUBMITTER