

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

SERIAL NO. **V 650302** 1. ACCESSION NUMBER **RR19-1298** 2. DATE BLOOD DRAWN **2/6/19**

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"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Kelly Stoochnoff 3563 Georgetown Rd. Lexington, KY ZIP Code 40510 Tel No. _____ County Fayette	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 81722	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Same as #7		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Jamie Kaczor RREH - P.O. Box 12070 Lexington, KY ZIP Code 40580 Tel No. _____ County Fayette	

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>Jamie Kaczor</i>	11. TYPE OR PRINT SIGNATURE NAME Jamie Kaczor, DVM	12. SIGNATURE DATE 2/6/19
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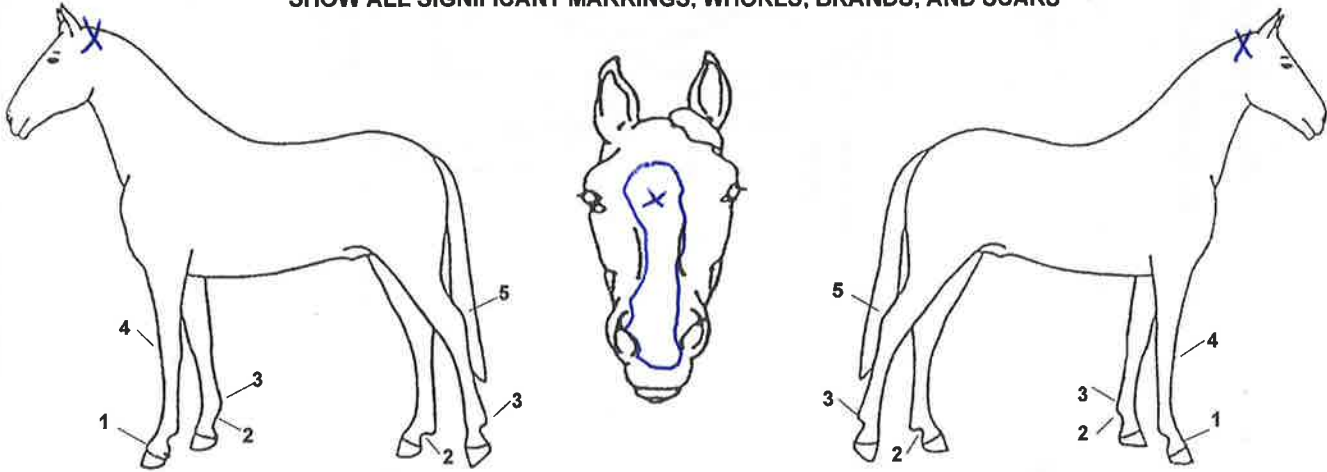
CERTIFICATION OF OWNER OR OWNER'S AGENT

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.	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
			P.M. Antebellum	Chestnut	QH		9	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 Blaze, lower lip	26. OTHER MARKS AND BRANDS x = whorl
27. LEFT FORELIMB pastern, ermines	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Diane E. Chatman ROOD & RIDDLE EQUINE HOSPITAL LEXINGTON, KY 40511	32. DATE RECEIVED 2-6-19	33. DATE REPORTED OUT 2-7-19	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>Diane E. Chatman</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).