

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

SERIAL NO. **U1006267**
1. ACCESSION NUMBER **19-51287**
2. DATE BLOOD DRAWN **3/4/19**

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
 Market Change of Ownership Show First Test Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT: _____ LONG: _____

5. VETERINARY LICENSE OR ACCREDITATION NO. **049995**

6. TEST TYPE
 ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
Island View Farm
1905 Cox Neck Rd
Chester Md ZIP Code **21619**
 Tel No. **410-490-6458** County **Queen Anne's**

8. NAME AND ADDRESS OF OWNER (Please print or type)
Stephanie Koegel
1905 Cox Neck Rd
Chester Md ZIP Code **21619**
 Tel No. **410-490-6458** County **Queen Anne's**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Eugenia Tubman VMD
31231 Chesterville Budge Rd
Mullington Md ZIP Code **21651**
 Tel No. **410-928-5700** County **Kent**

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 *Eugenia Tubman*

11. TYPE OR PRINT SIGNATURE NAME **Eugenia Tubman VMD**

12. SIGNATURE DATE **3/4/19**

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.

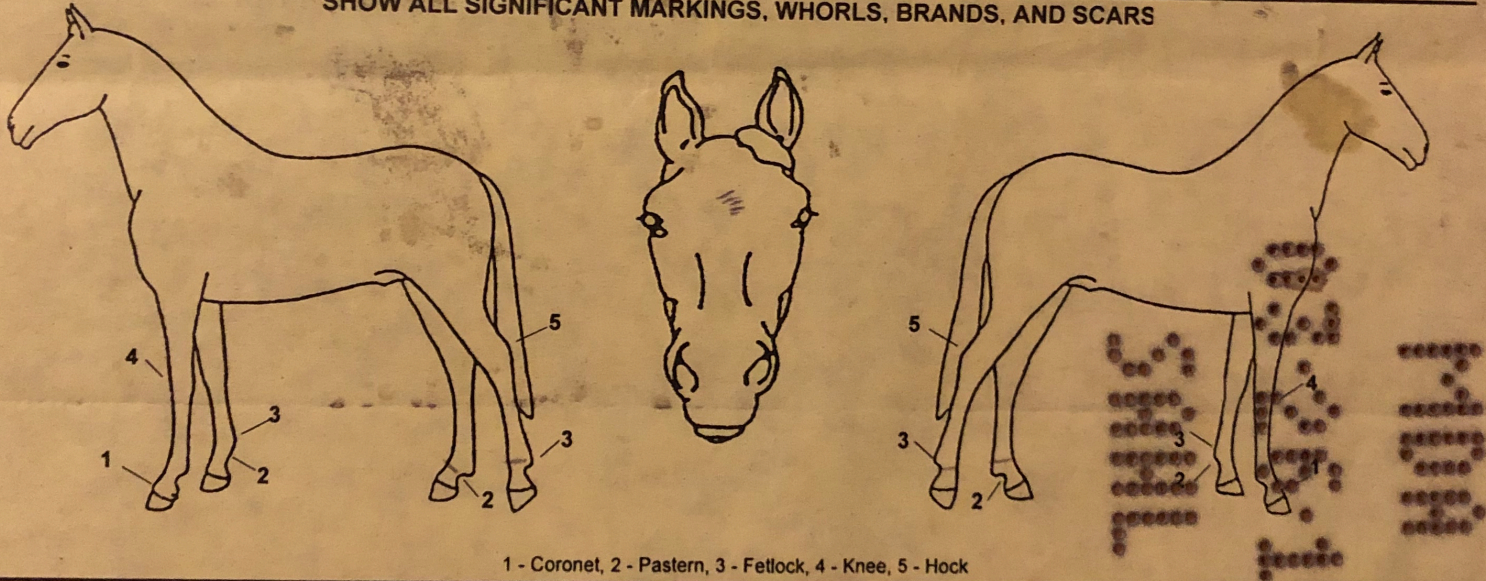
13. SIGNATURE OF OWNER OR OWNER'S AGENT _____

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
2			Galicena	BAY	WBx		2011	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 **few hairs forehead**

26. OTHER MARKS AND BRANDS _____

27. LEFT FORELIMB _____

28. RIGHT FORELIMB _____

29. LEFT HINDLIMB **Pastern**

30. RIGHT HINDLIMB **Pastern**

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
Agricultural Laboratory Scientist
SAHL Salisbury, Maryland

32. DATE RECEIVED **3/26/19**

33. DATE REPORTED OUT **3/26/19**

34. TEST RESULTS
 Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN *Dusan Muzik*

36. REMARKS **290203 Coetis**

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).