

US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 323704LH	1. Accession Number 409903	2. Date Blood Drawn 05/29/19
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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"/> 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) Fonda Rowe	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 080952	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		11852 Cedar Ridge Road Williamsport, MD Zip Code 21795 Tel No. (301) 573-0397 County Washington
8. Name and Address of Owner (Please print or type) Fonda Rowe 11852 Cedar Ridge Road Williamsport, MD Zip Code 21795 Tel No. (301) 573-0397 County Washington			9. Name and Address of Veterinarian (Please print or type) Ann Chavent PO Box 48 Myersville, MD Zip Code 21773 Tel No. (301)639-5563 County Frederick		

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 Chavent, DVM</i>	11. Type or Print Signature Name Ann Chavent	12. Signature Date 05/29/19
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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 No.	18. Tattoo/Brand	19. Name of Horse Roxee K Twisted Gold aka Roxee	20. Color <small>Black/White to Paint</small> Paint	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 07/04/2012	24. Sex F	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 Sock	28. Right Forelimb Sock
29. Left Hindlimb	30. Right Hindlimb

For Laboratory Use Only

31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 06/06/19	33. Date Reported Out 06/07/19	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).