

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>V 277395</b>	1. ACCESSION NUMBER <b>070119 63</b>	2. DATE BLOOD DRAWN <b>7/1/19</b>
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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 <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) <b>Same as Owner</b>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <b>0550166</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		ZIP Code Tel No.    County
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>CM Farms</b> <b>517 Lough Hill</b> <b>600 PA</b>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>James S. Holt, VMD</b> <b>P.O. Box 427</b> <b>Glenmoore, Pa 19342</b>		
Tel No.    County		ZIP Code <b>19342</b>		Tel No. <b>BV007032L</b> County	

**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 <b>James S. Holt</b>	12. SIGNATURE DATE <b>7/1/19</b>
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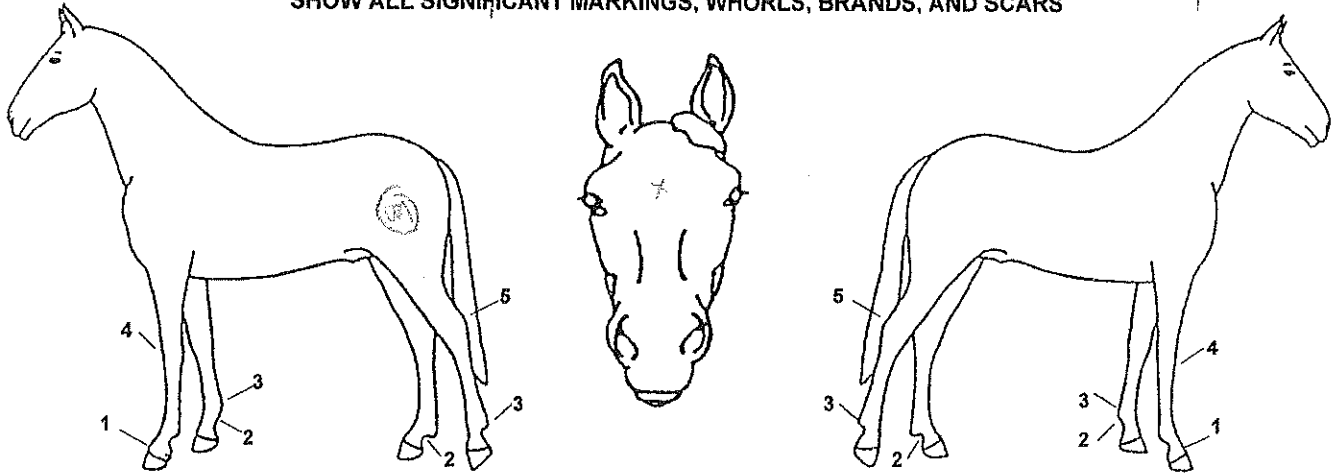
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 <b>James S. Holt</b>	15. SIGNATURE DATE <b>7/1/19</b>
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse <b>Colby</b>	20. Color <b>Buck</b>	21. Breed <b>DL</b>	22. Electronic I.D. No.	23. Age or DOB <b>10y</b>	24. Sex <b>G</b>	M - Male F - Female G - Gelding SF - Spayed Female
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**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

**NARRATIVE DESCRIPTION AND REMARKS**

26. HEAD <b>White</b>	28. OTHER MARKS AND BRANDS <b>DL</b>
27. LEFT FORELIMB <b>DL</b>	29. RIGHT FORELIMB <b>DL</b>
29. LEFT HINDLIMB <b>DL</b>	30. RIGHT HINDLIMB <b>DL</b>

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>andywine Veterinary Services Lab</b> <b>PO Box 427</b> <b>Glenmoore, PA 19343</b> <b>ELISA - Negative</b>	32. DATE RECEIVED <b>7/1/19</b>	33. DATE REPORTED OUT <b>7/1/19</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN 		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).