

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

SERIAL NO.

V 111149

1.



ER

2. DATE BLOOD DRAWN

11/25/19

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 checked="" type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Rancho San Miguel PO Box 741 San Miguel, CA ZIP Code 93451 Tel No. 805-967-3847 County SLO	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 085274	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Rosamund Barclay 37306 200th Ave SE Auburn, WA ZIP Code 98092 Tel No. 253-820-2578 County King		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Matt Burd, DVM PO Box 741 San Miguel, CA ZIP Code 93451 Tel No. 805-835-2004 County SLO	

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.

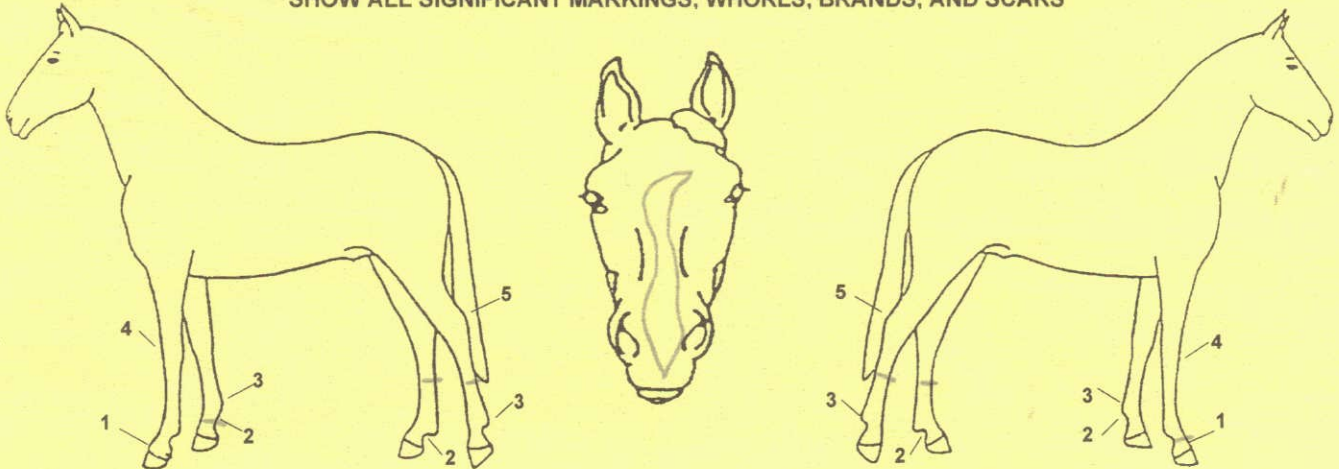
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME Matt Burd, DVM	12. SIGNATURE DATE 11/25/19
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>Lindsay Boutwell</i>		14. TYPE OR PRINT SIGNATURE NAME Lindsay Boutwell		15. SIGNATURE DATE 11/25/19					
16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Majestic Gem	20. Color Ch	21. Breed TB	22. Electronic I.D. No.	23. Age or DOB 8yr	24. Sex F	M - Male F - Female G - Gelding SF - Spayed Female

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	26. OTHER MARKS AND BRANDS n/a
27. LEFT FORELIMB no white markings	28. RIGHT FORELIMB Pastern white
29. LEFT HINDLIMB sock	30. RIGHT HINDLIMB sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE IDEXX Laboratories Irvine, CA	32. DATE RECEIVED 11-25-19	33. DATE REPORTED OUT 11-27-19	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN <i>[Signature]</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).