

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.
S 0392512

1. AC



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"/> 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) Rancho San Miguel PO Box 741 San Miguel, Ca Zip Code 93451 Tel No. 805-467-3847 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 | 11. TYPE OR PRINT SIGNATURE NAME Matt Burd, DVM | 12. SIGNATURE DATE 11/25/19 |
|--|--|--------------------------------|

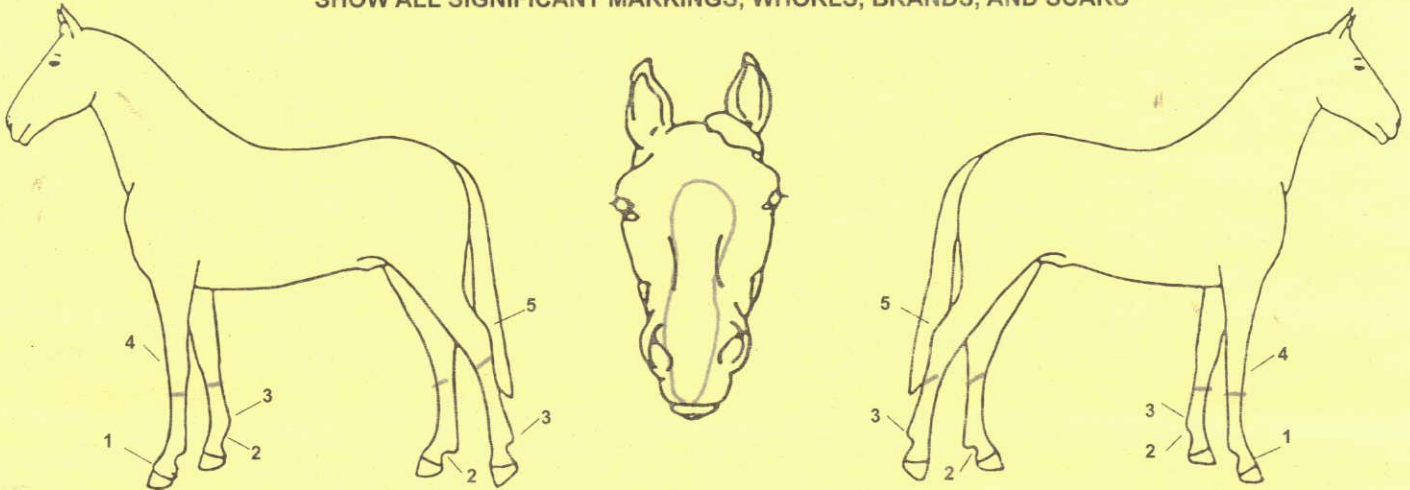
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Lindsay Boutwell | 14. TYPE OR PRINT SIGNATURE NAME Lindsay Boutwell | 15. SIGNATURE DATE 11/25/19 |
|---|--|--------------------------------|

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|--------------|----------------------|------------------|-----------------------------------|-----------------|-----------------|-------------------------|-----------------------|--------------|---|
| 16. Tube No. | 17. Official Tag No. | 18. Tattoo/Brand | 19. Name of Horse Queen's Rush | 20. Color Ch | 21. Breed TB | 22. Electronic I.D. No. | 23. Age or DOB 7yr | 24. Sex F | M - Male F - Female G - Gelding N - Neuter |
|--------------|----------------------|------------------|-----------------------------------|-----------------|-----------------|-------------------------|-----------------------|--------------|---|

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 Stocking | 28. RIGHT FORELIMB stocking |
| 29. LEFT HINDLIMB Stocking | 30. RIGHT HINDLIMB stocking |

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 checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA |
| 36. SIGNATURE OF TECHNICIAN | | 35. 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).