

See

20EE0270

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE  
INSPECTION SERVICE  
A LABORATORY TEST  
(16 CFR 165.16)

SERIAL NO.

v 554849

1. ACCESSION NUMBER

20EE0270

2. DATE BLOOD  
DRAWN

1-28-2020

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.

062824

6. TEST TYPE

ELISA  
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Same

8. NAME AND ADDRESS OF OWNER (Please print or type)

Angela Kew  
2808 Zeelin NE  
Kizer OR

ZIP Code 97303

Tel No. 977-304-9258

County Marion

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Mike Stewart  
824 McClaine St. Burnsville  
Silverton

ZIP Code 97381

Tel No. 603-967-4404

County Marion

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

*[Signature]*

11. TYPE OR PRINT SIGNATURE NAME

Michael A. Stewart

12. SIGNATURE DATE

1-28-2020

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

*[Signature]*

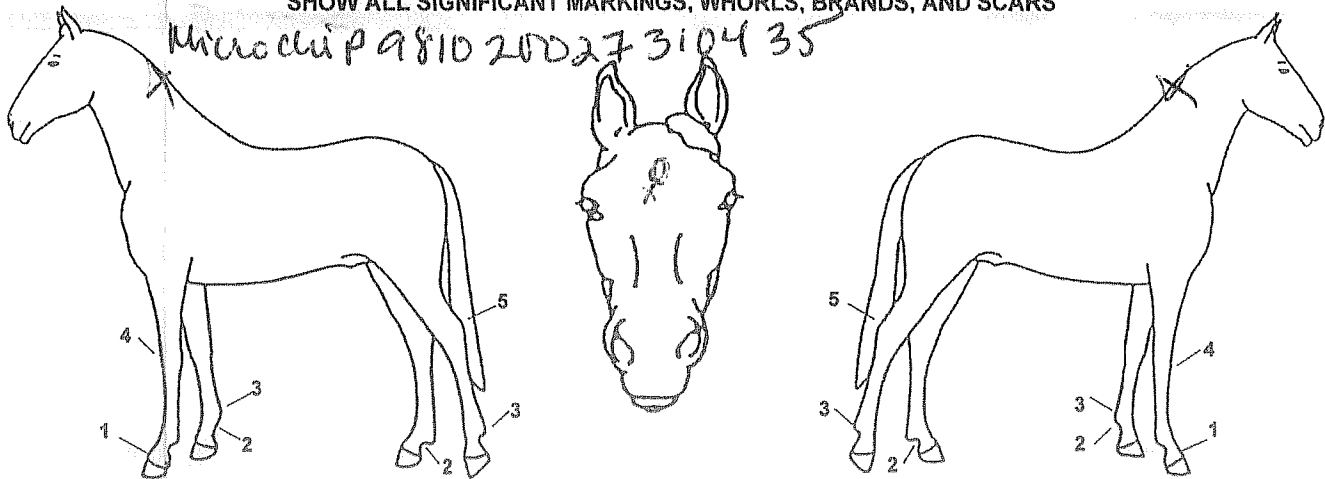
14. TYPE OR PRINT SIGNATURE NAME

Angela Kew

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
			Mira zee	Bay	TB		2	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	26. OTHER MARKS AND BRANDS
whorl is small star	whorls at crest of neck
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

APPLIED ANIMAL HEALTH LABORATORY  
635 Capitol St NE Salem, OR  
503-986-4686  
ANTIGEN: VMRD

32. DATE RECEIVED

01/30/2020

33. DATE REPORTED OUT

01/30/2020

34. TEST RESULTS

Negative  Positive  AGID  ELISA

35. SIGNATURE OF TECHNICIAN

*[Signature]*

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).