

19EE3089

See

FORM APPROVED - OMB NUMBER 0579 - 0127

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

SERIAL NO.

V 554852

1. ACCESSION NUMBER

19EE3089

2. DATE BLOOD DRAWN

6-14-2019

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
- Retest
- First Test
- Export

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

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1302/062824

6. TEST TYPE

- ELISA
- AGID

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

Angela Kerr
4755 35th Ave NE
Salem OR ZIP Code 97305
Tel No. 503 403-5197 County Marion

Tel No. ZIP Code County

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

Mike Stewart
P.O. Box 409
Silverton OR ZIP Code 97381
Tel No. 503 967-4404 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

12. SIGNATURE DATE

6/19/19

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

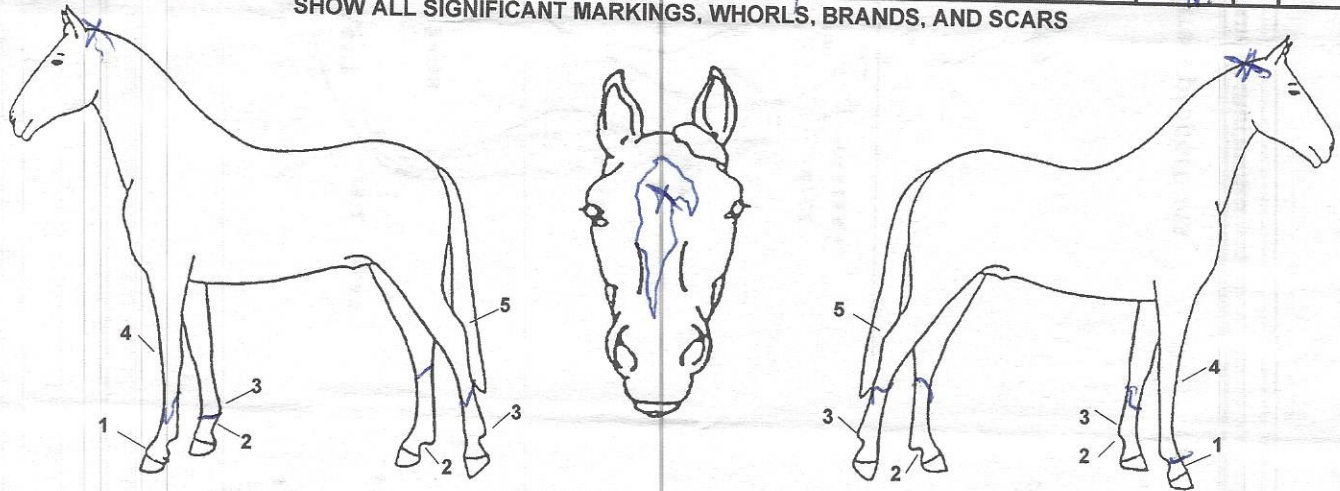
[Signature]

14. TYPE OR PRINT SIGNATURE NAME

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 |
| | | Q | Crescent zee | Gray | TB | | 2yr | 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
Star/strip - whorl eye

27. LEFT FORELIMB
sock

29. LEFT HINDLIMB
sock

26. OTHER MARKS AND BRANDS
whorls at poll

28. RIGHT FORELIMB
pastern

30. RIGHT HINDLIMB
sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
Animal Health Laboratory
635 Capitol St NE Salem, OR
503-986-4686
ANTIGEN: VMRD

32. DATE RECEIVED
6/18/19

33. DATE REPORTED OUT
6/18/19

35. SIGNATURE OF TECHNICIAN
[Signature]

34. TEST RESULTS
 Negative Positive AGID ELISA

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).