

See reverse for more OMB information.

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

SERIAL NO.

U 567152

1. ACCESSION NUMBER

LVCG00233165

2. DATE BLOOD DRAWN

1-13-20

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.

044530

6. TEST TYPE

- ELISA
 AGID

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

Valley View Stables
8701 Hawley Gibson Rd
Crestwood, KY
Tel No. 502-222-5272
ZIP Code 40014
County Oldham

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

Valley View Stables
8701 Hawley Gibson Rd
Crestwood, KY
Tel No. _____
ZIP Code 40014
County Oldham

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

Roger A. Magnusson, DVM
P.O. Box 211
Lagrange, KY
Tel No. 502-222-5272
ZIP Code 40031
County Oldham

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

Roger A. Magnusson, DVM

12. SIGNATURE DATE

1-13-20

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.

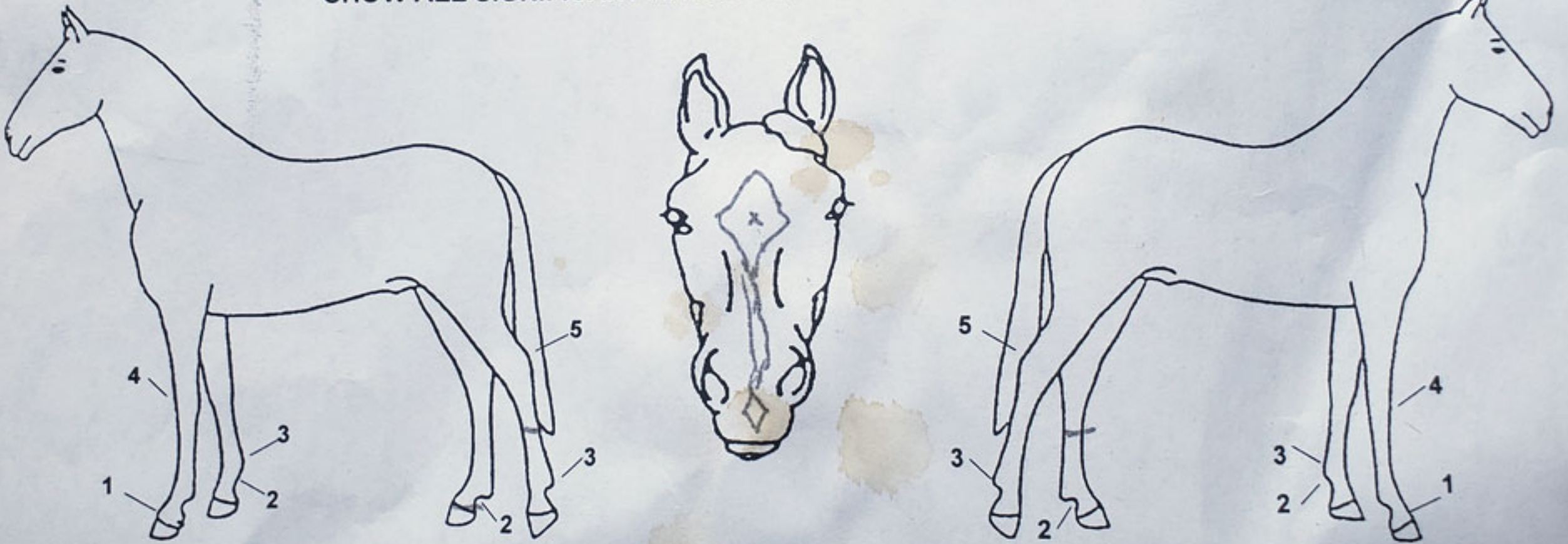
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

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
			Soleil	Chest	TB		4	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	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB inside coronet	30. RIGHT HINDLIMB sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Antech 1605 Louisville, KY Louisville	32. DATE RECEIVED 1-14-20	33. DATE REPORTED OUT 1-15-20	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> 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).