

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
	V 729558	w20 5811	2/24/20

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 <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Same as owner	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 001301	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	ZIP Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) Ms. Lisa Kline 17707 Laketield Rd. Round Hill, Va. ZIP Code 20141 Tel No. (540) 338-3528 County Loudoun		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Andrea L. Russell, DVM, PC P.O. Box 1509 Middleburg, Va. ZIP Code 20118 Tel No. (540) 687-10359 County Loudoun	

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 Andrea L. Russell, DVM	11. TYPE OR PRINT SIGNATURE NAME Andrea L. Russell, DVM	12. SIGNATURE DATE 2/24/20
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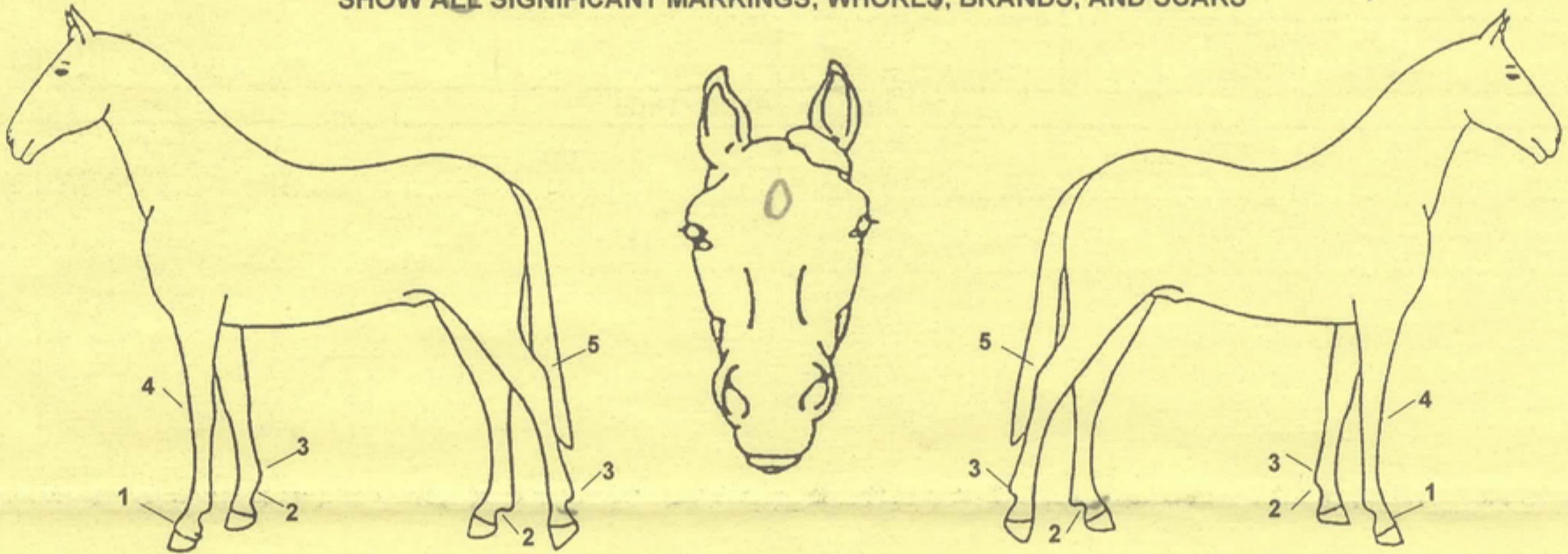
CERTIFICATION OF OWNER OR OWNER'S AGENT

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	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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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
7			Winning Point	DK Bay	Welsh x		1 yr.	G	

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	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB white pastern	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE VDACS ANIMAL HEALTH LAB. 272 ACADEMY HILL RD. WASHINGTON, VA 20186 (540) 316-6543	32. DATE RECEIVED 2.25.20	33. DATE REPORTED OUT 2/27/20	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 M & S		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).