

U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 585.90)	Serial No. 863179	1. Accession Number 102758-1	2. Date Blood Drawn 04/09/2020
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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 Annual <input type="checkbox"/> <input type="checkbox"/> Mailed Annual Change of Ownership <input type="checkbox"/> Show Release <input type="checkbox"/> First Test Report	7. Name and Address of Stable/Market (Please print or type) Rock Ridge Stable 40 Stephens Road West Milford, NJ Zip Code 07480 Tel No. (973) 518-0803 County --
4. Geographic Information Systems (GIS) Lot -- Lease --	5. Veterinary License or Accreditation No. 29VI00548600
6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	8. Name and Address of Owner (Please print or type) Rich Kapusta 33 Fox Chase Road Oak Ridge, NJ Zip Code 07438 Tel No. (973) 697-4454 County --
9. Name and Address of Veterinarian (Please print or type) Paul D. Zimprich PO Box 91, 33B Kennedy Road Tranquility, NJ Zip Code 07879 Tel No. (908) 852-1300 County Sussex	

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 Paul Zimprich, DVM <small>Digitally signed by Paul Zimprich, DVM DN: cn=Paul Zimprich, DVM, o=East Coast Equine, ou=emailinfo@ecvets.com, c=US Date: 2020.04.13 10:28:28 -0400</small>	11. Type or Print Signature Name Paul D. Zimprich	12. Signature Date 04/13/2020
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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
16. Tube No. 863179	17. Official Tag No. --	18. Tattoo/Brand --
19. Name of Horse Cayenne	20. Color Chestnut	21. Breed Warmblood
22. Electronic I.D. No. --	23. Age or (X)th 010102018	24. Sex F
		M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head Star	26. Other Marks and Brands --
27. Left Forelimb No Markings	28. Right Forelimb No Markings
29. Left Hindlimb No Markings	30. Right Hindlimb Sock

For Laboratory Use Only

31. Laboratory Name/City/State New Jersey Dept. of Agr. State Diag. L. Trenton, NJ	32. Date Received 04/14/2020	33. Date Reported Out 04/15/2020	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 Lana Castellano		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 100).