NYCHO2016 '8 5

100 UL SER
INV: 1W

an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid ar for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection

OMB Approved 0579-0127

IITED STATES DEPARTMENT OF AGRICULTURE
IMAL AND PLANT HEALTH INSPECTION SERVICE
ALE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER

AA -4976308

COMPLETETION	DE ALL LINSHADED NUMBERED	EIEI DE IS PEOLIIR	D FOR SUPLUS		/\/	, 3	0300	
1. LABORATORY ACCESSION NUMBER (for la	ON OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NO or laboratory use only) 2. DATE BLOOD DRAWN				NE WRITE "NONE" AND TYPE OR PRINT LEGIBLY. 3. TEST REQUESTED BY VETERINARIAN			
		5-2	0-20:	20		-	18 MO 1 MAGE	
4. REASON FOR TESTING	ed Tartoo/Brand Number	Elock 10 T	100 T 000 0	Value of the second sec	ELISA	AC	GID	
With		inge	Interna		Illness/Clinical		Investigation/Exposure	
5. LOCATION OF EQUINE AT BLOOD DRAW	Annual Own	nership/Sale	7. NAME AND	ADDRESS OF OWN	A. C.	- marker [1]	Investigation/Exposure	
5a. NAME	Turior, rarri, diable, or marriey	7	7a. NAME	THE STATE OF THE S	ER	I MANUAL PROPERTY.	BUILT C STAIR	
Rheinland	tarm		Cai	flyn.	Hatch			
5b. PHYSICAL/STREET ADDRESS	.001		7b. MAILING A	DDRESS	TOCTOR	Distriction of the Control of the Co	199 0011	
788 Mount	ain Rd.	W	14	()2 Oa	K Rd			
5c. CITY, STATE, ZIP CODE	unique identifying aumber a	8	7c. CITY, STAT	E, ZIP CODE	2	DONNEL WE	posses & soord	
Pine Grove	PA 17963	d T	Po	Hsville	PA 1	7901		
5d. TELEPHONE NUMBER	6. COUNTY	OF EQUINE AT BLO	OOD DRAW		7d. TELEPHONE NUMBER	2		
		Chuy	Kill		Strict cuts invested their	- 4 - 6		
I CERTIFY I AM A CATEGORY II FEDER	ALLY ACCREDITED VETERINARIAN.	AUTHORIZED IN THE	STATE WHERE TO	HE SAMPLE WAS OF	BTAINED, BY ME, FROM T	THE ANIMAL DE	SCRIBED BELOW.	
8. ACCREDITED VETERINARIAN	10	1		1				
8a. VETERINARIAN NAME		CCREDITATION NU	MBER 8c. VE	TERINARIAN SIGNA	TURE		GNATURE DATE	
Rence D. Nodine	MMI) 0490	796	10	MILLER	2	- 5	-6-2020	
8e. PHYSICAL/STREET ADDRESS OF VETER	INARIAN	8f. CITY, STA	TE, ZIP CODE		Sale a included levis		LEPHONE NUMBER	
177 Valley In		Ann	ville	PA 1	7003	71	7-867-1880	
10.	1	Tales and a	12.	13.	- 11	15.	400000	
Tube Number Tag/Tattoo/Brand Number	Name of Anim	al	Color	Breed (or species if not a hou	Age or DOB	Sex	M - Male Intact F - Female Intact	
e 1204 or marcate la date of	r	1 - 1	0.1	(or species ir not a not	rse)	A DESCRIPTION OF THE PERSON OF	G Gelding	
	Experiment	626	Rean	Welshx	. 8	0	FS - Female Spayed	
16. MICROCHIP, BREED, OR REGISTRATION	NUMBER / 21 10/	1	,	g of sick an make	alles a proposed in the	VALUE SCHOOL	ARBON CO. TATA	
	Cotiton) er staale						
A ver assignment interests	SHOW ALL PERMANENT WHITE	MARKINGS, BRANE	OS, TATTOOS, SC	ARS, AND WHORLS	(marked with an "X")	o origing to	Blocks Location	
2				1961			A	
January a	enerif Brised of Registralis	6	A			to exorbbs to	1	
	is instantin ninbertilin ani sati	1		30 seldels en		/	0.00	
1	other III reimber_ If none er	()	-CV		in and its come restation of		1,)	
			A		1			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	power file disking		1	1000	1 1/2 00 50000	STEP STORY		
and alternative or manufacture ton	etrains of Test assetton while	8	9	/ //			Y	
or Blocks 17 - 22 Stock draw or	avies Artative descriptions		1	11			Block & Co. th	
ent chief and a wards.	7	to tal			F	and to Line	1	
blucks famine on a const	1 5	A.	'. /	5/1	//	7		
something of the parties	1/1/	10	X	1	//	1) 1	Block 7 Names	
4	111	0	0)	11/	1/	INI	4	
1/1/3	1110	1	1	11/	- valions	1/11	Maski No	
and on production of the section	3	Blocks 17 -	1	3 7/		3 //	I william !	
1/1/1/2	DR	ton Madadadi -	and the same	57		5111	The state of the state of	
90-	02 9			9	O	2 9 9	Transmin Maria	
anne annahrda first black	1 - Coro	net, 2 - Pastern, 3 - Fe	etlock, 4 - Carpus,	5 - Hock	and Mondings Aug	risited and	Jan Same	
REQUIRED: NARR	ATIVE DESCRIPTION OF PERMAN	ENT WHITE MADVIN	CS BRANDS TA	TTOOS SOADS AND	D WHORLS. (If none write	none) Suggeste	nd .	
17. HEAD	nclature includes Heel, Heels, Coro	net(1); Half Pastern,			non, Carpus/Hock(4/5) abo color patterns, if any)	ve Carpus/Hock	opinide	
pearland to finness fractions	tail, use whodis and scars to	do de		(monage coar	color patterns, ir any)			
19. LEFT FORELIMB	לאפענים השומה המומו הצעבמלה	ALC: THE	20. RIGHT FOR	ELIMB			manufacture Commercial	
	ap, lip, char, plaze: balo, me-	18			-			
21. LEFT HINDLIMB	to was Suggested on the		22. RIGHT HINE	LIMB	THE PROPERTY OF	NE OF TANK	- BU	
21. LEFT 1 50C	n				SOCK			
TORY NAME	24. DATE SAMPLE RECEIVE	FOR LABORA	TORY USE ONLY					
23. EIA LABORATORY NAME	24. DATE SAMPLE RECEIVE	25. DAT	E RESULTS REPO	ORTED 26. OFFI	CIAL TEST RESULT	27. TEST	TYPE USED	
THECH DIAGNOSTICS	2-8-5	5	-10-2	ON	egative Positive	AGI	D ELISA	
ANTE MARCUS AVEN SUITE MODE	28. LABORATORY REMARK	(S						
APE 9 COF 985 2344								
SHOW THE STATE OF								
23a. CITY	1 mile 2 1 1 1							
	20 SICNATURE OF THE	The Part of the Pa	The state of the s	6-57				
STATE	29. SIGNATURE OF NVSL	Marie I have not the first of the	1001		RIM RESULT REFERRE			
23b. STATE	ALL IM	12 William	The same					
23b. SIFICATION OF THIS FORM OR KNOWIN	GLY USING A FALSIFIED FORM IS	A CRIMINAL OFFEN	ISE AND MAY RE	SULT IN A FINE OF I	NOT MORE THAN \$40.00	O OR IMPRISON	MENT FOR NOT MORE	
FAL SIFICATION OF	THAN	5 YEARS OR BOTH	(18 U.S.C. SECTI	ON 1001).	7174 \$ \$0,00	OK IMPRISON	TOTAL MORE	