

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555 8)

SERIAL NO.

**B0905711**

1. ACCESSION NUMBER

LV0000233138

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  Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmm/yyyy)

5. VETERINARY LICENSE OR ACCREDITATION NO.

044530

6. TEST TYPE

- AGID  ELISA

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

Valley View Stables

8701 Hawley Gibson Rd

Crestwood KY

Zip Code 40014

Tel No.

County Oldham

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

Valley View Stables

8701 Hawley Gibson Rd

Crestwood KY

Zip Code 40014

Tel No.

County Oldham

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

Roger A. Magnusson, DVM

P.O. Box 211

Lagrange, KY

Zip Code 40031

Tel No.

502-222-5272

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

*R.A. Magnusson DVM*

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.

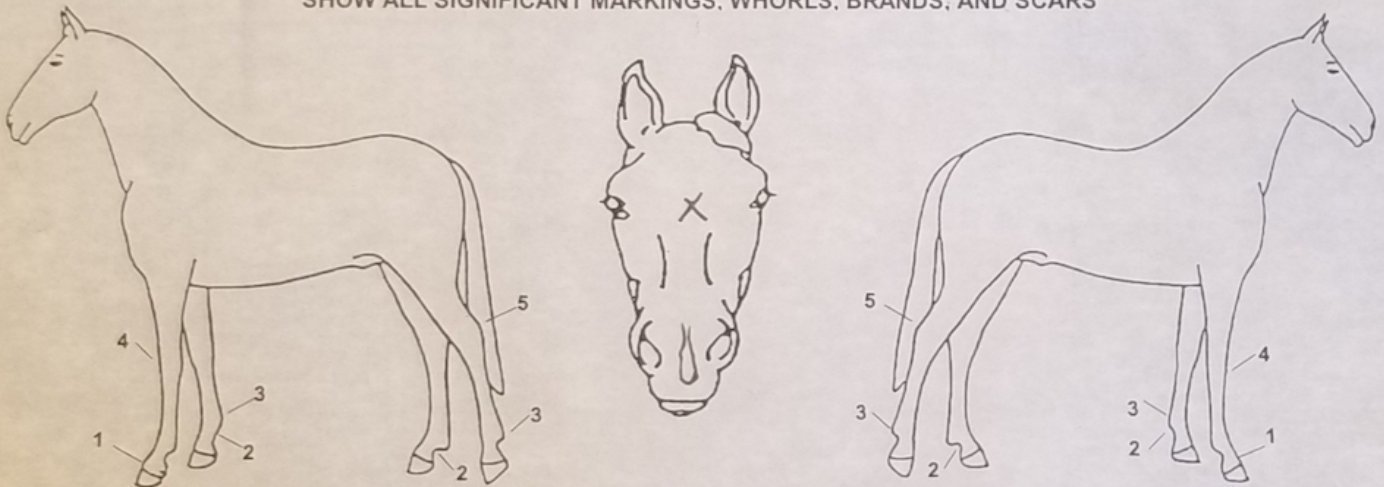
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	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 N - Neuter
			Truth Be Told (Dot)	Grey	WB		8	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fellock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Whorl median, low eye level, snip-

27. LEFT FORELIMB

26. OTHER MARKS AND BRANDS

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Antech 1605 Louisville, KY	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
	36. SIGNATURE OF TECHNICIAN <i>K. R. Lee</i>		35. 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).