U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST						SERIAL NO.		1. ACCESSION NUMBER			2. DATE BLOOD DRAWN			
(VS Memorandum 555.16)							06/24/2014							
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 Show First Test 7. NAME AND ADDRESS OR STABLE/MARKET														
Market Change of Ownership Retest Export 4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE							_							
SYSTEMS (GIS) (ddmmyyyy) OR ACCREDITATION NO.							, Zip							
8. NAME AND ADDRESS OF OWNER							Tel No. County 9. NAME AND ADDRESS OF VETERINARIAN							
New Owner							New Vet							
, Zip						,	, Zip							
Tel No. County						Tel No.	•							
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 12. SIGNATURE DATE							
						New Vet	New Vet					06/24/2014		
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	17. Offical				20. Color	21. Breed		22. etronic I.D.	23. Age or	24. Sex	M - Male F - Female			
No.	Tag No.	Tag No.						NO.	DOB	+	G - Gelding			
	1234 1234 New Horse				Black	POA	Α	1234	3 Yrs	G	N - Neuter			
SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS														
254715-681458926273 1- Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock														
25 He	ad Bald				N AND REMARKS Other Marks and Brands									
27. Left Forelimb Fetlock 28.						8. Right Foreli	Right Forelimb Fetlock							
29. Left Hindlimb Coronet 30.							Right Hindlimb Fetlock							
FOR LABORATORY USE ONLY														
31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED						33. DATE REPORTED OUT 34. TEST RESULTS Negative Positive					GID	ELISA		
36				36. SIGNATURE	OF TECH	INICIAN								
Fa	alsification	of this form o	or knowingly using or imprisonme							t more th	an \$10	,000		