

EXAMPLE

FORM APPROVED - OMB NUMBER 0579 - 0127



Additional information.

UNITED STATES DEPARTMENT OF AGRICULTURE AND PLANT HEALTH INSPECTION SERVICE EQUINE ANEMIA LABORATORY TEST (VS Memorandum 555.16)

SERIAL NO.

T



C174020034

DATE BLOOD DRAWN

11-15-17

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, Market, Change of Ownership, Retest, Export. 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS). 5. VETERINARY LICENSE OR ACCREDITATION NO. 6. TEST TYPE: ELISA, AGID. 7. NAME AND ADDRESS OR STABLE/MARKET. 8. NAME AND ADDRESS OF OWNER. 9. NAME AND ADDRESS OF VETERINARIAN.

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: Sally Jones DVM. 11. TYPE OR PRINT SIGNATURE NAME: SALLY JONES DVM. 12. SIGNATURE DATE: 11-15-17.

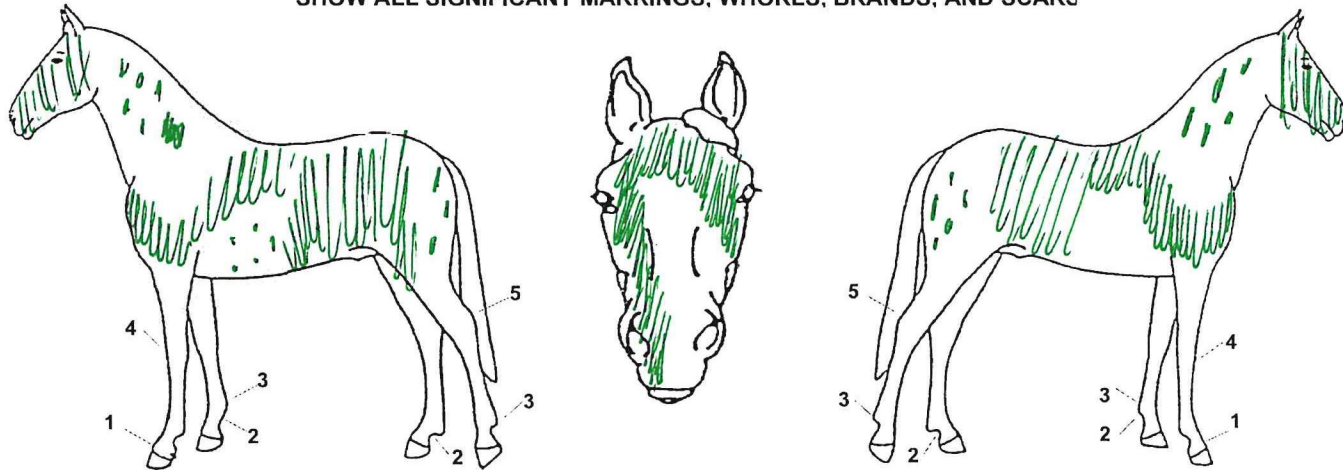
CERTIFICATION OF OWNER OR OWNER'S AGENT

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: John Smith. 14. TYPE OR PRINT SIGNATURE NAME: JOHN SMITH. 15. SIGNATURE DATE: 11-15-17.

16. Tube No. 17. Official Tag 18. Tattoo/Brand 19. Name of Horse: MAE. 20. Color: BAY + WHITE. 21. Breed: PAINT. 22. Electronic I.D. No. 23. Age or DOB: 6yr. 24. Sex: F. M - Male, F - Female, G - Gelding, SF - Spayed Female.

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 STRIPE SNIP. 26. OTHER MARKS AND BRANDS: BLACK IN MANE + TAIL. 27. LEFT FORELIMB: WHITE PAINT MARKINGS. 28. RIGHT FORELIMB: WHITE PAINT MARKINGS. 29. LEFT HINDLIMB: WHITE PAINT MARKINGS. 30. RIGHT HINDLIMB: WHITE PAINT MARKINGS.

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: Texas A&M Vet. Med. Diagnostic Lab, 483 Agronomy Road, College Station, TX 77840. 32. DATE RECEIVED: 11-16-17. 33. DATE REPORTED OUT: 11-16-17. 34. TEST RESULTS: Negative, Positive, AGID, ELISA. 35. SIGNATURE OF TECHNICIAN: [Signature]. 36. REMARKS: NEG.

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).