

U.S. Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.18)	Serial No. <h2 style="text-align: center;">838335</h2>	1. Accession Number 20-B00210	2. Date Blood Drawn 01/23/2020
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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"/> Market Annual Change of Ownership <input type="checkbox"/> Show Retest <input type="checkbox"/> First Test Export <input type="checkbox"/>			7. Name and Address or Stable/Market (Please print or type) Rachel Quires 4148 Batten Rd Brooksville, FL Zip Code 34601 Tel No. (813) 335-1950 County Hernando		
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. VM9517	6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		
8. Name and Address of Owner (Please print or type) Rachel Quires 4148 Batten Rd Brooksville, FL Zip Code 34601 Tel No. (813) 335-1950 County Hernando			9. Name and Address of Veterinarian (Please print or type) Brian J. Dillard 5487 Valley View Dr Brooksville, FL Zip Code 34601 Tel No. (352) 467-3437 County Hernando		

**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 Brian J. Dillard	12. Signature Date 01/24/2020
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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
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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
39	--	--	Valencia Rose	Chestnut	Warmblood	--	01/01/2014	F	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



**Narrative Description and Remarks**

25. Head Snip Star and Strip	26. Other Marks and Brands Hair Whorls-None
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 Dade City Animal Clinic Laboratory Dade City, FL	32. Date Received 01/24/2020	33. Date Reported Out 01/24/2020	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. Signature of Technician Christina Evans		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).