

See reverse for more OMB information.

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

SERIAL NO. **V 452232** FORM APPROVED - OMB NUMBER 0579 - 0127  
1. ACCESSION NUMBER  
2. DATE BLOOD DRAWN **2/29/2020**

**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

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)  
LAT:  
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. **72750**  
6. TEST TYPE  
 ELISA  AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)  
**Tamara Paterbaugh c/o Legacy Farms**  
**3287 Grande Rd**  
**Loxahatchee FL** ZIP Code **34470** County

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  
**3056 Fisher Rd**  
**Howell MI** ZIP Code **48855** County

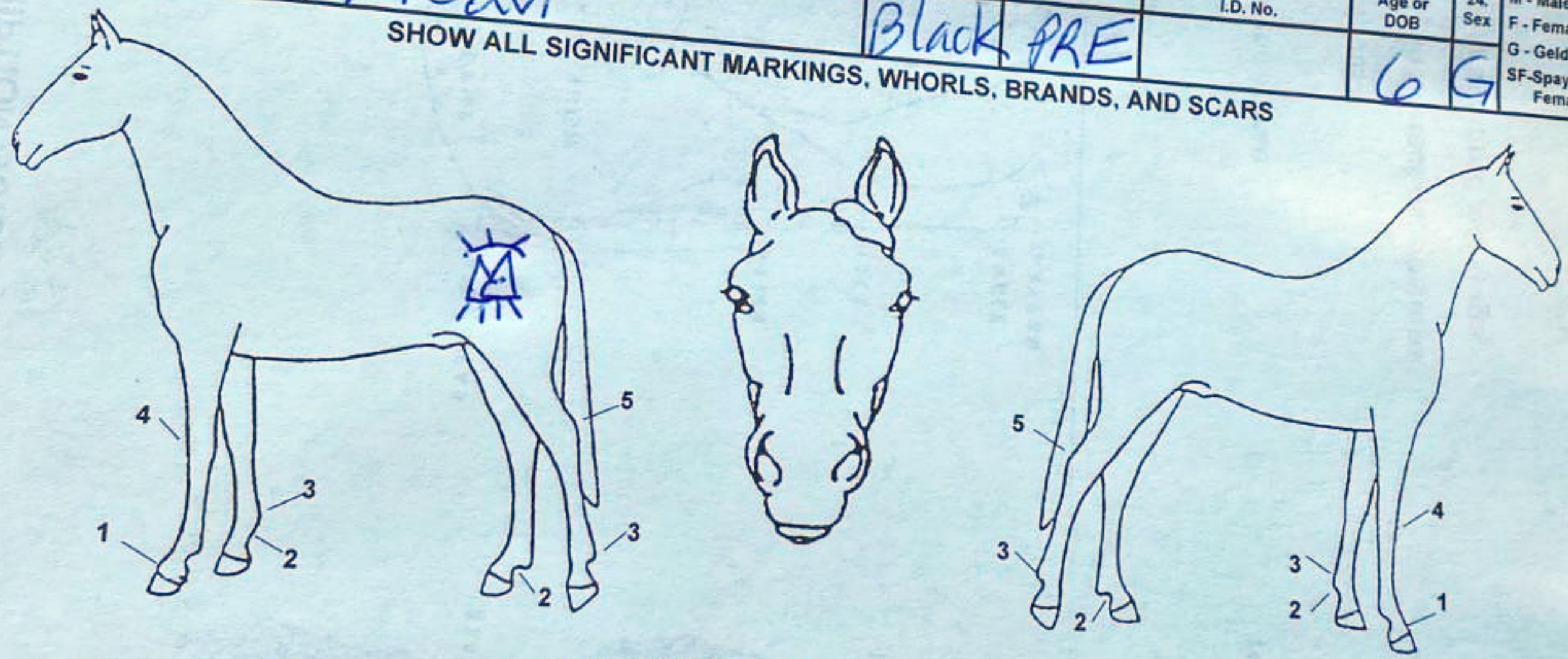
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)  
**Mike Nowicki DVM**  
**PO Box 383**  
**Howlerville MI** ZIP Code **48836** County

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 **Mike Nowicki DVM** 11. TYPE OR PRINT SIGNATURE NAME **Mike Nowicki DVM** 12. SIGNATURE DATE **2/29/2020**

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	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 SF - Spayed Female
			<b>CM Gavi</b>	<b>Black</b>	<b>PRE</b>		<b>6</b>	<b>G</b>	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

25. HEAD  
26. OTHER MARKS AND BRANDS **Left hip**  
27. LEFT FORELIMB  
28. RIGHT FORELIMB  
29. LEFT HINDLIMB  
30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE  
32. DATE RECEIVED  
33. DATE REPORTED OUT  
34. TEST RESULTS  
 Negative  Positive  AGID  ELISA  
35. SIGNATURE OF TECHNICIAN  
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 1001).