

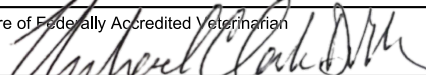
U.S. Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555,16)	Serial No.	1. Accession Number	2. Date Blood Drawn
	<b>850315</b>	4604569220	03/06/2020

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 <b>Annual</b>	<input type="checkbox"/> Market <input type="checkbox"/> Annual Change of Ownership	<input type="checkbox"/> Show <input type="checkbox"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) <b>Cornerstone Equestrian</b>
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. <b>028362</b>	6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		123 Bay Rd Winlock, WA Zip Code <b>98596</b> Tel No. <b>(253) 255-3082</b> County <b>Lewis</b>
8. Name and Address of Owner (Please print or type) <b>Jacalyn Smith</b> <b>153 Keasling Rd</b> <b>Chehalis, WA</b> Zip Code <b>98532</b> Tel No. <b>(360) 635-7704</b> County <b>Lewis</b>		9. Name and Address of Veterinarian (Please print or type) <b>Michael L. Clark</b> <b>4818 Churchill Rd SE</b> <b>Tenino, WA</b> Zip Code <b>98589</b> Tel No. <b>(360) 338-1896</b> County <b>Thurston</b>		

#### 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 <b>Michael L. Clark</b>	12. Signature Date <b>03/07/2020</b>
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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					
16. Tube No. <b>1</b>	17. Official Tag No. <b>--</b>	18. Tattoo/Brand <b>--</b>	19. Name of Horse <b>Moxie, Four B Mozart</b>	20. Color <b>Brown/White Paint</b>	21. Breed <b>Quarab</b>	22. Electronic I.D. No. <b>--</b>	23. Age or DOB <b>01/01/2004</b>	24. Sex <b>F</b>	M - Male F - Female G - Gelding N - Neuter

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



#### Narrative Description and Remarks

25. Head <b>Star</b>	26. Other Marks and Brands <b>Small Hair Whorl-Forehead</b>
27. Left Forelimb <b>Stocking</b>	28. Right Forelimb <b>Sock</b>
29. Left Hindlimb <b>Stocking</b>	30. Right Hindlimb <b>Stocking</b>

#### For Laboratory Use Only

31. Laboratory Name/City/State <b>IDEXX Laboratories</b> <b>Memphis, TN</b>	32. Date Received <b>03/09/2020</b>	33. Date Reported Out <b>03/09/2020</b>	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 <b>DUNN BURCH</b>		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).