

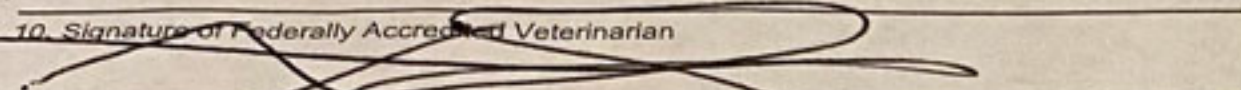
U.S. Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	Serial No. <b>820685</b>	1. Accession Number 413068	2. Date Blood Drawn 10/09/2019
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Forms without adequate 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 <input type="checkbox"/> Annual Change of Ownership	<input type="checkbox"/> Show Retest	<input type="checkbox"/> First Test Export	7. Name and Address or Stable/Market (Please print or type) Tammy Burgard 45514 Westech Rd. Shawnee, OK Tel No. (405) 318-3303
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 5880	6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code 74804 County Pottawatomie
8. Name and Address of Owner (Please print or type) Tammy Burgard 45514 Westech Rd. Shawnee, OK Tel No. (405) 318-3303		9. Name and Address of Veterinarian (Please print or type) Tracy A. Simpson 1509 North Kickapoo Street Shawnee, OK Tel No. (405) 275-0990	
County Pottawatomie		County Pottawatomie	

#### 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 Tracy A. Simpson	12. Signature Date 10/09/2019
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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
Lacey			Grafite N Lace	Gray	German Warmblood		4 years	F	

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



#### Narrative Description and Remarks

25. Head No Markings	26. Other Marks and Brands Hair Whorls-None
27. Left Forelimb No Markings	28. Right Forelimb Sock
29. Left Hindlimb No Markings	30. Right Hindlimb Sock

#### For Laboratory Use Only

31. Laboratory Name/City/State Veterinary Associates Laboratory Edmond, OK	32. Date Received 10/10/2019	33. Date Reported Out 10/10/2019	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 Glenn E. Davis M.T.		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).