

17EE1652

FORM APPROVED - OMB NUMBER 0579 - 0127

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DEPARTMENT OF AGRICULTURE
HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

U 076671

1. ACCESSION NUMBER

17EE1652

2. DATE BLOOD DRAWN

4-6-17

Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		<input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. OR-6128		Burns BLM Wildhorse Facility	
		6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Hwy 20 West	
				Hines, OR ZIP 97738	
				Tel No. 541-573-4400 County Harney	
8. NAME AND ADDRESS OF OWNER (Please print or type)			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)		
Bureau of Land Management			Masie A. Custis, DVM		
28910 Hwy 20 W.			1050 Crane Blvd.		
Hines, OR ZIP Code 97738			Burns, OR ZIP 97720		
Tel No 541-573-4400 County Harney			Tel No. 541-573-6450 County Harney		

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 <i>Masie A. Custis</i>	11. TYPE OR PRINT SIGNATURE NAME Masie A. Custis, DVM	12. SIGNATURE DATE 4/9/17
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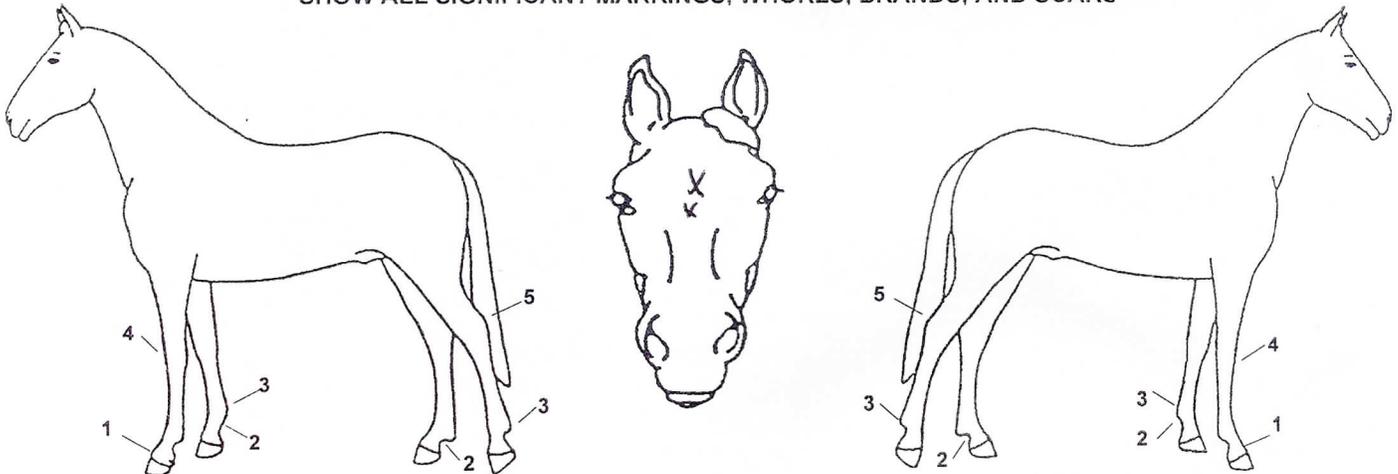
CERTIFICATION OF OWNER OR OWNER'S AGENT

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	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
3427		13023427	Bay Mustang				4y	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



HFZAAAAAB

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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ANIMAL HEALTH LABORATORY Salem, Oregon 503-986-4600 Indigen; IDEXX	32. DATE RECEIVED 04-11-2017	33. DATE REPORTED OUT 4/14/17	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 <i>Steve Smith</i>		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).