

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.8)**

SERIAL NO. **F 056012** 1. ACCESSION NUMBER **031775** 2. DATE BLOOD DRAWN **03/11/05**

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 Show First Test Market Change of Ownership Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG: 5. VETERINARY LICENSE OR ACCREDITATION NO. **VM 7729** 6. TEST TYPE ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) **CASPARINI LINDA
14467 BROKEN WING LANE
PALM BCH GARDENS FL Zip Code: 33418
Tel No. 561-627-1198 County**

8. NAME AND ADDRESS OF OWNER (Please print or type) **CASPARINI LINDA
14467 BROKEN WING LANE
PALM BCH GARDENS FL Zip Code: 33418
Tel No. 561-627-1198 County**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) **MARILYN MALER, DVM
665 PINE AVENUE
STUART FL Zip Code: 34994
Tel No. 772-221-1680 County**

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 *[Signature]* 11. TYPE OR PRINT SIGNATURE NAME **MARILYN MALER, DVM** 12. SIGNATURE DATE **03/11/05**

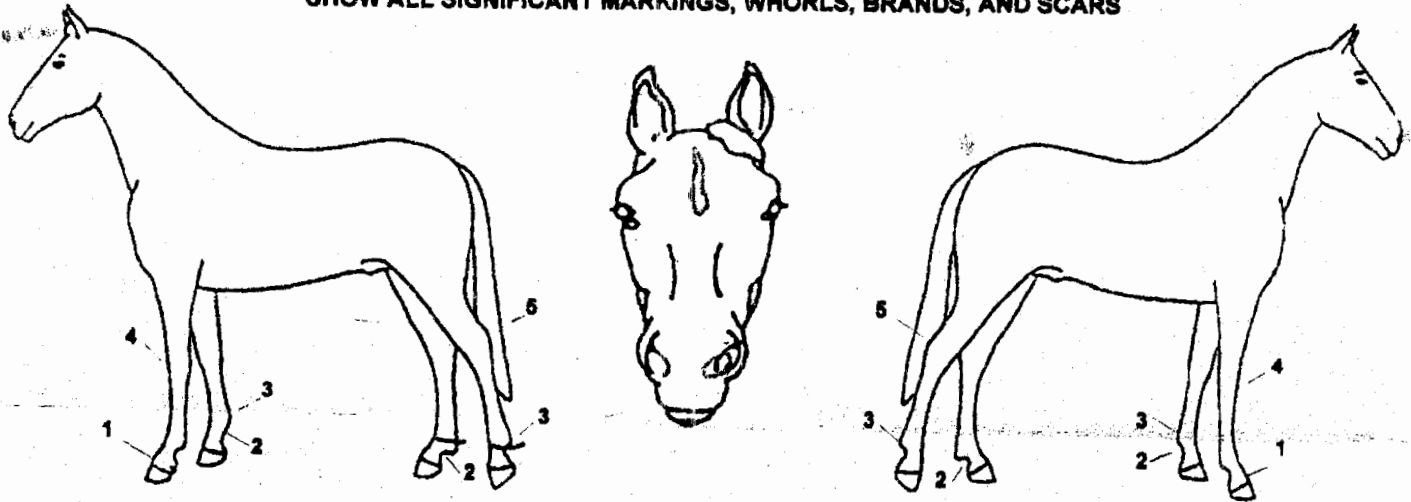
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 *[Signature]* 14. TYPE OR PRINT SIGNATURE NAME **DOUG S. P...** 15. SIGNATURE DATE **Nov 5, 2004**

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
2	C19178	KAMN		BAY	STB		19.5	B	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD **Star Snip** 26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB 28. RIGHT FORELIMB

29. LEFT HINDLIMB **111003** 30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE **FL DEPT AGRI KISSIMEE** 32. DATE RECEIVED **111003** 33. DATE REPORTED OUT **111203** 34. TEST RESULTS **NEGATIVE**

35. SIGNATURE OF TECHNICIAN 36. REMARKS Negative Positive AGID ELISA

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).

BARRY A. GREENE, D.V.M., P.A.

EQUINE MEDICINE
12012 S.W. PINEAPPLE COURT
PALM CITY, FLORIDA 34990

Office: (772) 283-2551
Pager: (772) 377-3434
Fax: (772) 781-2293

Nick Apostle
5755 Sw Ranchito St
Palm City 34990

PLEASE HAVE HORSES IN STALL WITH HALTER ON PRIOR TO DR. GREENE'S ARRIVAL

DATE	PATIENT	TREATMENT	CHARGES & CREDITS
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7-26-04

Boon Call

15 -

Kahn - (20 Bay STB 6)

Coggins Test

25 -

5-way vaccine

33 -

West Nile vaccine

25 -

98

pd ck #668

TREATMENT / CARE INSTRUCTIONS

paid

ENDING BALANCE
0 -