

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. G 1066297	1. ACCESSION NUMBER 023038	2. DATE BLOOD DRAWN 8-27-04
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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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. VM 4323	
6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		Zip Code _____ Tel No. _____ County _____	
8. NAME AND ADDRESS OF OWNER (Please print or type) Nick Apostle 5755 SW Ranchito St. Palm City, FL 34990		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) B. A. Greene DVM 12012 SW Pienapple Ct. Palm City, FL 34990	
Tel No. _____ County Martin		Tel No. 772 283 2551 County Martin	

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. A. Greene	12. SIGNATURE DATE 8-27-04
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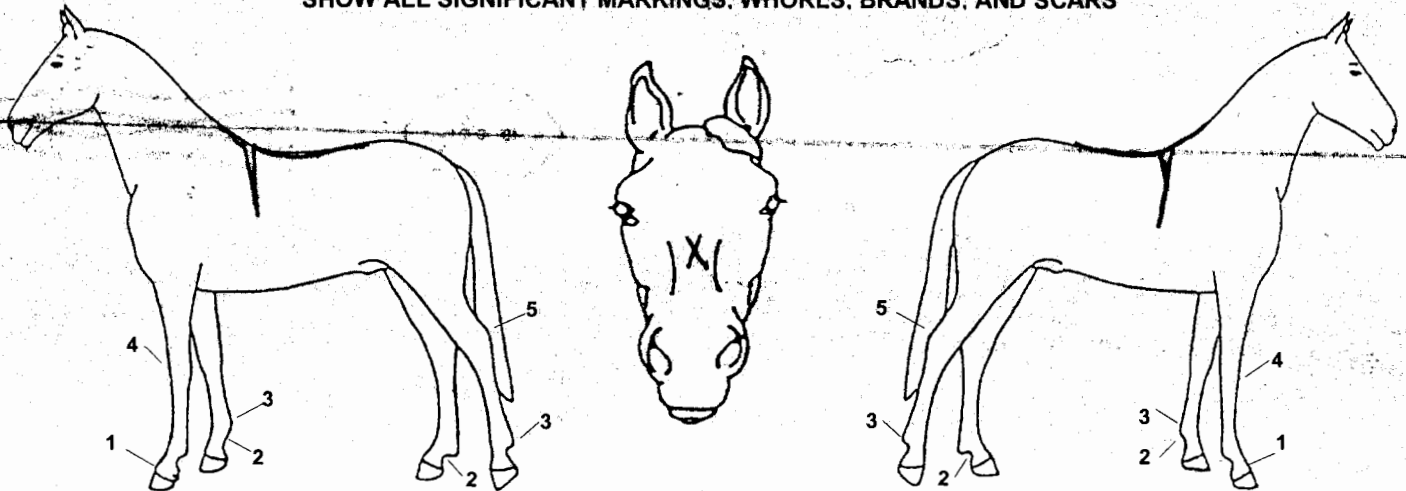
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Nick Apostle	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE 8-27-04
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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
18			Sandy Harriet	Grulla	Mini Sicilian Monkey		7	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE FL DEPT AGRI KISSIMMEE	32. DATE RECEIVED 083004	33. DATE REPORTED OUT 083104	34. TEST RESULTS NEGATIVE <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN AGID VMRD		35. 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).

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 Apostley
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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8-24-04

Barn Call

30 -

Sandy Harriet - 7 yr mini sicilian
donkey (appears pregnant
6-8 mo)

give 1 mo
prior to foaling

repeat
in 2
months

Coggins Test

25 -

4-way vaccine

25 -

← pneumabort vaccine

20 -

West Nile vaccine

25 -

Rabies vaccine

12 -

TREATMENT / CARE INSTRUCTIONS

Ozzie Mae - 5 yr mini sicilian
donkey gelding

Coggins Test

25 -

5-way vaccine

33 -

West Nile vaccine

25 -

Rabies vaccine

paid

12
~~232~~

ENDING BALANCE
232.00

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

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*Nick Apostol
5755 SW Remchato J
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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12-13-04

Born Call

30 -

~~*Harriet*~~

Harriet

SWT / WNV vaccine

35 -

65 -

[Signature]

TREATMENT / CARE INSTRUCTIONS

ENDING BALANCE
- 0 -

NATIONAL

10830 SW 104 St. • Miami, FL 33176 • (305) 273-5788

BIO VET LABORATORY

Dr Greene, Barry (M FAX)
12012 SW Pineapple Court
Palm City, FL 34990

OWNER: Apostol
ANIMAL: Harriet
ID:
Age: 8 Sex F
Species EQ
Mini Donkey

FINAL
SAMPLE #: 116902
DATE DRAWN: 6/07/05
RECV DATE: 6/08/05
DATE RPT: 6/08/05

Phone: 772 283-2551 Fax: 772 781-2293
Dr

TEST	NORMAL	ABNORMAL	UNITS	RANGES
CHEMISTRY				
Glucose	70		mg/dL	70-125
Sodium	131		mmol/L	127-147
Potassium	3.5		mmol/L	3.0-5.0
Chloride	107		mmol/L	89-108
CO ₂	26		mmol/L	22-34
Sodium/Potassium	37		Ratio	
Anion Gap	2			0-16
Serum Osmolality	269			258-279
Urea Nitrogen	13.7		mg/dL	8-26
Creatinine	1.3		mg/dL	1.0-2.4
BUN/Creatinine	11		Ratio	4-26
Total Protein	7.3		g/dL	5.5-7.5
Albumin	2.7		g/dL	2.3-4.0
Globulin		4.6 H	g/dL	2.3-4.0
A/G Ratio	0.6		Ratio	0.6-1.6
Calcium	12.7		mg/dL	10.8-14.2
Phosphorus	2.7		mg/dL	2.0-5.2
Cl/P Ratio	40		Ratio	
Ca Phos Product	34			
Bilirubin, Total		0.20 L	mg/dL	0.8-4.9
Bilirubin Direct	0.01		mg/dL	0-0.4
Bilirubin Indir		0.2 L	mg/dL	0.4-4.9
Alk Phosphatase	115		U/L	30-312
ALT (SGPT)	11		U/L	<45
AST (SGOT)	246		U/L	140-500
LDH	308		U/L	80-540
GGT	22		U/L	<46
Creatine Kinase	151		U/L	40-300
Cholesterol	100		mg/dL	46-177
Triglycerides		198 H	mg/dL	5-100
Magnesium		1.25 H	mmol/L	0.52-1.06
HEMATOLOGY				
Leukocytes WBC	6.2		10 ³ /ul	5.4-12.0
Erythrocytes RBC		6.76 L	10 ⁶ /ul	6.80-12.50
Hemoglobin	13.4		g/dL	11.0-19.0
Hematocrit	36.6		%	32.0-53.0
MCV	54		um ³	37-59
MCH	19.8		pg	10.0-20.0
MCHC	36.6		g/dL	31.0-39.0
Seg Neutrophils	48		%	48-72

Continued on Next Page



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OWNER: Apostol
ANIMAL: Harriet
ID:
Age: 8 Sex F
Species EQ
Mini Donkey

FINAL
SAMPLE #: 116902
DATE DRAWN: 6/07/05
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DATE RPT: 6/08/05

Table with columns: TEST, NORMAL, ABNORMAL, UNITS, RANGES. Rows include Band Neutrophils, Lymphocytes, Monocytes, Eosinophils, Basophils, Seg Neutrophils, and Platelet Est.

End of Report