

U.S. Department of Agriculture
Animal and Plant Health Inspection Service
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 556, 16)

Serial No. **564353**

1. Accession Number **170049**

2. Date Blood Drawn **01/09/2017**

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 Market Annual Change of Ownership Show Retest First Test Export

4. Geographic Information Systems (GIS) Lat: --- Long: ---

5. Veterinary License or Accreditation No. **12943**

6. Test Type ELISA AGID

7. Name and Address or Stable/Market (Please print or type)
Jennifer Wheeler Winborne
4930 East Hwy 199
Springtown, TX Zip Code **76082**
Tel No. **(817) 715-1532** County **Parker**

8. Name and Address of Owner (Please print or type)
Jennifer Wheeler Winborne
4930 East Hwy 199
Springtown, TX Zip Code **76082**
Tel No. **(817) 715-1532** County **Parker**

9. Name and Address of Veterinarian (Please print or type)
Gabrielle A. Martin
1877 Mineral Wells Hwy
Weatherford, TX Zip Code **76088**
Tel No. **(817) 594-9100** County **Parker**

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 *Gabrielle A. Martin*

11. Type or Print Signature Name **Gabrielle A. Martin**

12. Signature Date **01/11/2017**

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.	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
			Registered Name: Cool Play	Brown	Welsh		01/01/2010	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

25. Head	Star	26. Other Marks and Brands	Medium-Forehead
27. Left Forelimb	Coronet	28. Right Forelimb	--
29. Left Hindlimb	Pastern	30. Right Hindlimb	--

For Laboratory Use Only

31. Laboratory Name/City/State
Weatherford Equine Clinic
Weatherford, TX

32. Date Received **01/10/2017**

33. Date Reported Out **01/11/2017**

34. Test Results Negative Positive AGID ELISA

35. Signature of Technician **Rachel Maxwell**

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).