

U.S. Department of Agriculture  
Animal and Plant Health Inspection Service  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 105, 10)

Serial No.  
**624683**

1. Accession Number  
171804

2. Date Blood Drawn  
07/29/2017

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 <input type="checkbox"/> Market <input type="checkbox"/> Annual Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export <input type="checkbox"/>		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	
4. Geographic Information Systems (GIS) Lat. -- Long. --		5. Veterinary License or Accreditation No. 12943	
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 1677 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 <i>Gabrielle A. Martin</i>	11. Type or Print Signature Name Gabrielle A. Martin	12. Signature Date 07/29/2017
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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, the data 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. Tazoo/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
1			Madagascar	Brown	Other		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 / Dutch Riding Pony
27. Left Forelimb Pastern	28. Right Forelimb Pastern
29. Left Hindlimb Pastern	30. Right Hindlimb -

**For Laboratory Use Only**

31. Laboratory Name/City/State Weatherford Equine Clinic Weatherford, TX	32. Date Received 07/29/2017	33. Date Reported Out 07/29/2017	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 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).