

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. U 1230938	1. ACCESSION NUMBER 00215777	2. DATE BLOOD DRAWN 6/28/18
--	--------------------------------	--	---------------------------------------

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 type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Woodlands Equestrian Cntr 19422 Hufsmith Rd Tomball Tx ZIP Code 77375 Tel No. 832-432-8811 County Harris	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 013385	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Marie Morgan 12500 Edwina Blvd Houston TX ZIP Code 77045 Tel No. 713-433-9817 County Harris		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Mark Haugland DVM 26 Pinery Ridge Pl The Woodlands Tx ZIP Code 77382 Tel No. 936-321-776 County Montgomery	

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 Mark Haugland DVM	12. SIGNATURE DATE 6/28/18
--	--	--------------------------------------

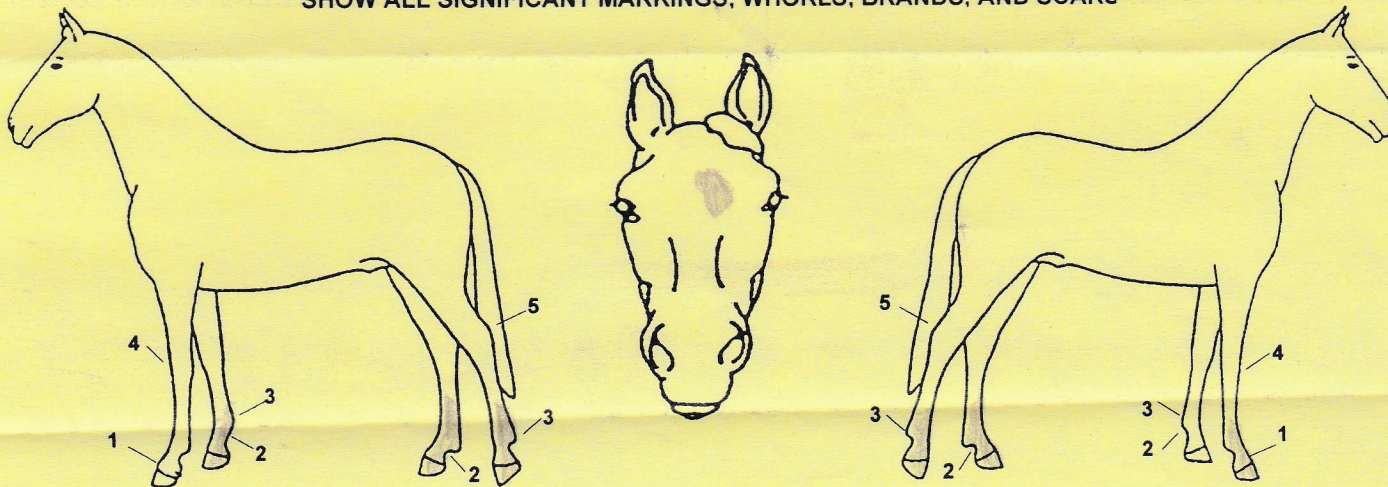
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Vicki Farrell	15. SIGNATURE DATE 6/28/18
---	--	--------------------------------------

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
			Birthday Suit	Pal.	Grade		2018	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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 MAVERICK EQUINE LAB. WALLER, TX	32. DATE RECEIVED 06/28/2018	33. DATE REPORTED OUT 06/29/2018	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN 		36. REMARKS INDEX	

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).