

U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555,16)	Serial No.	1. Accession Number	2. Date Blood Drawn
	726737	LSP18-90107	09/24/2018

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	7. Name and Address or Stable/Market (Please print or type) Shelia Armstrong
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 11122	6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		390 Sid Winder Loop Red Oak, TX Tel No. (214) 724-5134
8. Name and Address of Owner (Please print or type) Shelia Armstrong 390 Sid Winder Loop Red Oak, TX Tel No. (214) 724-5134		9. Name and Address of Veterinarian (Please print or type) David M. Gilchrist 1849 Bridle Bit Road Flower Mound, TX Tel No. (972) 567-5117		Zip Code 75154 County Ellis Zip Code 75022 County Denton

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 David M. Gilchrist	12. Signature Date 09/24/2018
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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	14. Type or Print Signature Name	15. Signature Date
16. Tube No. 1	17. Official Tag No. --	18. Tattoo/Brand --
19. Name of Horse Magic	20. Color Gray	21. Breed Oldenburg
22. Electronic I.D. No. --	23. Age or DOB 01/01/2016	24. Sex F
		M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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 Lone Star Park Equine Lab Grand Prairie, TX	32. Date Received 09/25/2018	33. Date Reported Out 09/25/2018	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 Amelita Facchiano		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).