

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
	826448	DLCG00276421	11/12/2019

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) Sheila Armstrong
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 9410	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		390 Sidewinder Loop Red Oak, TX Zip Code 75154 Tel No. (972) 268-4457 County Ellis
8. Name and Address of Owner (Please print or type) Sheila Armstrong 390 Sidewinder Loop Red Oak, TX Zip Code 75154 Tel No. (972) 268-4457 County Ellis		9. Name and Address of Veterinarian (Please print or type) Matthew L. Lampe 5629 Westwood Lane The Colony, TX Zip Code 75056 Tel No. (469) 579-5307 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 Matthew L. Lampe	12. Signature Date 11/13/2019
--	---	---

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 Note Worthy	20. Color Chestnut	21. Breed Dutch Warmblood	22. Electronic I.D. No. --	23. Age or DOB 01/01/2018	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 Blaze	26. Other Marks and Brands Hair Whorls-None
27. Left Forelimb No Markings	28. Right Forelimb Sock
29. Left Hindlimb Sock	30. Right Hindlimb Sock

For Laboratory Use Only

31. Laboratory Name/City/State Antech Diagnostics Irving, TX	32. Date Received 11/13/2019	33. Date Reported Out 11/15/2019	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 Nicholas Ainsworth ainsworth		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).