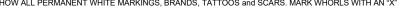
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection

**OMB Approved** 0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE FORM SERIAL NUMBER

OFFICIAL	VS 10-11	FOLINE	INFECTIOUS	ΔΝΕΜΙΔ	TEST FORM

OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM					1030538							
		COMPLETION OF F	IELDS #2 – #24 IS REQ	UIRED. II	F NONE: LINE THROUGH	BOX F	ULLY OR WR	ITE "NONE".				
1. ACCESSION NUM	IBER (For laborator	ry use only)	2. DATE BLOOD DE	RAWN				TED BY VETI	Y VETERINARIAN			
220851 02/			02/28/2022	02/28/2022			ELISA AGID					
4. REASON FOR TE	STING	Within State	U.							- 1	THE RE	
Interstate Movement	Change Ownership/Sa	ale	International Import/Export			Iness/Clinical Suspect		Inves	stigation/Exposure			
5. NAME AND MAILING ADDRESS OF OWNER					7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market)							
5a. NAME 4PS Ranch 4PS Ranch					7a. NAME 4PS Ranch 4PS Ranch							
5b. MAILING ADDRESS 1212 Evans Rd					7b. PHYSICAL/STREET ADDRESS 1212 Evans Rd							
5c. CITY		5d. STATE	5e. ZIP CODE		7c. CITY		The state of		7d. STATE	7	e. ZIP CODE	
Wichita Falls		TX	76307	V	Vichita Falls				TX	70	6307	
			RENT HO	NT HOME PREMISES OF EQUINE			7f. PREMISES TELEPHONE NUMBER					
(000) 000-0000			Wichita		(000) 000-0000							
		EDERALLY ACCREDITED, V				1PLE W						
Committee Commit			039029	b. NATIONAL ACCREDITATION NUMBER 39029			8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED Texas					
8d. VETERINARIAN SIGNATURE			1	WWW			8e. SIGNATURE DATE 03/03/2022					
					///							
8f. MAILING ADDRESS OF VETERINARIAN			8g. CITY	•		STATE	•		•	LEPHONE NUMBER		
1877 Mineral Wells Hwy			Weath	Neatherford			76088 (817		(817)	594-9100		
9. TUBE #	10. NAME OF ANIMAL				11. COLOR		12. BREED OF HORSE (or Species of Equid)			quid)	13. SEX	
1 Perfections Hollywood Night V				Sorrel		Quarter Horse		Horse			MALE INTACT	
							Quarter Florae				FEMALE INTACT	
14. AGE OR DOB	15. TAG #	16. TATTOO #	17. MICROCHIP	#			1	18. BREED	REGISTRAT	ION#	✓ GELDING	
01/01/2017											FEMALE SPAYED	
		SHOW ALL PERMA	ANENT WHITE MARKIN	GS, BRANI	DS, TATTOOS and SCARS	6. MARI	K WHORLS W	ITH AN "X"				









1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Carpus, 5 - Hock

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none: line through box fully or write "none") 19. HEAD 20. NECK AND BODY (include coat color patterns if any) Blaze 21. LEFT FORELIMB 22. RIGHT FORELIMB Stocking No Markings 23. LEFT HINDLIMB 24. RIGHT HINDLIMB Stocking Stocking 25. EIA LABORATORY NAME 26. DATE SAMPLE RECEIVED 27. DATE RESULTS REPORTED 28. OFFICIAL TEST RESULT 29. TEST TYPE USED Weatherford Equine Clinic 03/03/2022 03/01/2022 NEGATIVE POSITIVE AGID ELISA (817) 594-9100 30. LABORATORY REMARKS 25a. CITY Weatherford 25b. STATE 31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 32. INTERIM RESULT REFERRED FOR CONFIRMATION ΤX Mikayla Jennings

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).