


UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM**

FORM SERIAL NUMBER  
**1030538**

COMPLETION OF FIELDS #2 - #24 IS REQUIRED. IF NONE: LINE THROUGH BOX FULLY OR WRITE "NONE".

1. ACCESSION NUMBER (For laboratory use only) 220851		2. DATE BLOOD DRAWN 02/28/2022		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input checked="" type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure					
5. NAME AND MAILING ADDRESS OF OWNER 5a. NAME 4PS Ranch 4PS Ranch 5b. MAILING ADDRESS 1212 Evans Rd			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 7a. NAME 4PS Ranch 4PS Ranch 7b. PHYSICAL/STREET ADDRESS 1212 Evans Rd		
5c. CITY Wichita Falls	5d. STATE TX	5e. ZIP CODE 76307	7c. CITY Wichita Falls	7d. STATE TX	7e. ZIP CODE 76307
5f. OWNER TELEPHONE NUMBER (000) 000-0000		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Wichita		7f. PREMISES TELEPHONE NUMBER (000) 000-0000	
I CERTIFY I AM A CATEGORY II, FEDERALLY ACCREDITED, VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.					
8a. VETERINARIAN NAME Jeffrey W. Foland		8b. NATIONAL ACCREDITATION NUMBER 039029		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED Texas	
8d. VETERINARIAN SIGNATURE 			8e. SIGNATURE DATE 03/03/2022		
8f. MAILING ADDRESS OF VETERINARIAN 1877 Mineral Wells Hwy		8g. CITY Weatherford		8h. STATE TX	8i. ZIP CODE 76088
8j. TELEPHONE NUMBER (817) 594-9100					
9. TUBE # 1	10. NAME OF ANIMAL Perfections Hollywood Night V		11. COLOR Sorrel	12. BREED OF HORSE (or Species of Equid) Quarter Horse	
13. SEX <input type="checkbox"/> MALE INTACT <input type="checkbox"/> FEMALE INTACT <input checked="" type="checkbox"/> GELDING <input type="checkbox"/> FEMALE SPAYED					
14. AGE OR DOB 01/01/2017	15. TAG # --	16. TATTOO # --	17. MICROCHIP # --	18. BREED REGISTRATION # --	

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS and SCARS. MARK WHORLS WITH 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 Blaze		20. NECK AND BODY (include coat color patterns if any) Medium Hair Whorl-Forehead			
21. LEFT FORELIMB No Markings		22. RIGHT FORELIMB Stocking			
23. LEFT HINDLIMB Stocking		24. RIGHT HINDLIMB Stocking			
FOR LABORATORY USE ONLY					
25. EIA LABORATORY NAME Weatherford Equine Clinic (817) 594-9100		26. DATE SAMPLE RECEIVED 03/01/2022	27. DATE RESULTS REPORTED 03/03/2022	28. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	29. TEST TYPE USED <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
25a. CITY Weatherford		30. LABORATORY REMARKS			
25b. STATE TX		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN Mikayla Jennings		32. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	

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).