

U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555,16)	Serial No. 578901	1. Accession Number TCL 46093	2. Date Blood Drawn 03/07/2017
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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) Prestonwood Polo Club
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 7026	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	525 Yacht Club Rd Little Elm, TX Zip Code 75068 Tel No. (214) 553-5411 County Denton	
8. Name and Address of Owner (Please print or type) Vaughn Miller 525 Yacht Club Rd Little Elm, TX Zip Code 75068 Tel No. (214) 533-5411 County Denton			9. Name and Address of Veterinarian (Please print or type) Bruce E. Lyle 4956 US Hwy 377 S Aubrey, TX Zip Code 76227 Tel No. (940) 440-3006 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 Bruce E. Lyle	12. Signature Date 03/07/2017
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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. 10	17. Official Tag No. --	18. Tattoo/Brand E51741	19. Name of Horse Elektra	20. Color Bay	21. Breed Thoroughbred	22. Electronic I.D. No. --	23. Age or DOB 01/01/2001	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 Star	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 Texas Coggins Lab Aubrey, TX	32. Date Received 03/08/2017	33. Date Reported Out 03/09/2017	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 Relda M. Bond		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).