

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

FORM SERIAL NUMBER
1214795-1

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

1. ACCESSION NUMBER (For laboratory use only) E1564		2. DATE BLOOD DRAWN 03/15/2024		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 Melissa Willings 5b. MAILING ADDRESS 10481 W V Ave			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 7a. NAME Melissa Willings 7b. PHYSICAL/STREET ADDRESS 10481 W V Ave		
5c. CITY Schoolcraft		5d. STATE MI	5e. ZIP CODE 49087	7c. CITY Schoolcraft	7d. STATE MI
5f. OWNER TELEPHONE NUMBER (269) 217-7308		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Kalamazoo		7e. ZIP CODE 49087	
7f. PREMISES TELEPHONE NUMBER (269) 217-7308					
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 Rachelle M. Bennecke		8b. NATIONAL ACCREDITATION NUMBER 048407		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED Michigan	
8d. VETERINARIAN SIGNATURE DR. RACHELLE BENNECKE Electronically signed through USDA VSPS				8e. SIGNATURE DATE 03/17/2024 03:59 PM EDT	
8f. MAILING ADDRESS OF VETERINARIAN 15642 Kane Rd		8g. CITY Plainwell		8h. STATE MI	8i. ZIP CODE 49080
8j. TELEPHONE NUMBER (269) 377-1222					
9. TUBE # 4	10. NAME OF ANIMAL Kalani		11. COLOR Buckskin	12. BREED OF HORSE (or Species of Equid) Miniature Horse	
13. SEX <input type="checkbox"/> MALE INTACT <input checked="" type="checkbox"/> FEMALE INTACT <input type="checkbox"/> GELDING <input type="checkbox"/> FEMALE SPAYED					
14. AGE OR DOB 01/01/2022	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 No Markings		20. NECK AND BODY (include coat color patterns if any) --			
21. LEFT FORELIMB No Markings		22. RIGHT FORELIMB No Markings			
23. LEFT HINDLIMB No Markings		24. RIGHT HINDLIMB No Markings			
FOR LABORATORY USE ONLY					
25. EIA LABORATORY NAME Michigan State Dept. of Agr. William C. Geagley Lab (517) 284-0500		26. DATE SAMPLE RECEIVED 03/21/2024	27. DATE RESULTS REPORTED 03/21/2024	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 East Lansing		30. LABORATORY REMARKS			
25b. STATE MI		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN SHAUN MALT		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).

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

FORM SERIAL NUMBER
1214795-2

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

1. ACCESSION NUMBER (For laboratory use only) E1565		2. DATE BLOOD DRAWN 03/15/2024		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 Melissa Willings 5b. MAILING ADDRESS 10481 W V Ave			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 7a. NAME Melissa Willings 7b. PHYSICAL/STREET ADDRESS 10481 W V Ave		
5c. CITY Schoolcraft	5d. STATE MI	5e. ZIP CODE 49087	7c. CITY Schoolcraft	7d. STATE MI	7e. ZIP CODE 49087
5f. OWNER TELEPHONE NUMBER (269) 217-7308		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Kalamazoo		7f. PREMISES TELEPHONE NUMBER (269) 217-7308	
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 Rachelle M. Bennecke		8b. NATIONAL ACCREDITATION NUMBER 048407		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED Michigan	
8d. VETERINARIAN SIGNATURE DR. RACHELLE BENNECKE Electronically signed through USDA VSPS				8e. SIGNATURE DATE 03/17/2024 03:59 PM EDT	
8f. MAILING ADDRESS OF VETERINARIAN 15642 Kane Rd			8g. CITY Plainwell	8h. STATE MI	8i. ZIP CODE 49080
8j. TELEPHONE NUMBER (269) 377-1222					
9. TUBE # 5	10. NAME OF ANIMAL Kash		11. COLOR Brown/White Paint	12. BREED OF HORSE (or Species of Equid) Miniature 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 01/01/2021	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 Snip		20. NECK AND BODY (include coat color patterns if any) --			
21. LEFT FORELIMB Sock		22. RIGHT FORELIMB Sock			
23. LEFT HINDLIMB Stocking		24. RIGHT HINDLIMB Stocking			
FOR LABORATORY USE ONLY					
25. EIA LABORATORY NAME Michigan State Dept. of Agr. William C. Geagley Lab (517) 284-0500		26. DATE SAMPLE RECEIVED 03/21/2024	27. DATE RESULTS REPORTED 03/21/2024	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 East Lansing		30. LABORATORY REMARKS			
25b. STATE MI		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN SHAUN MALT		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).

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

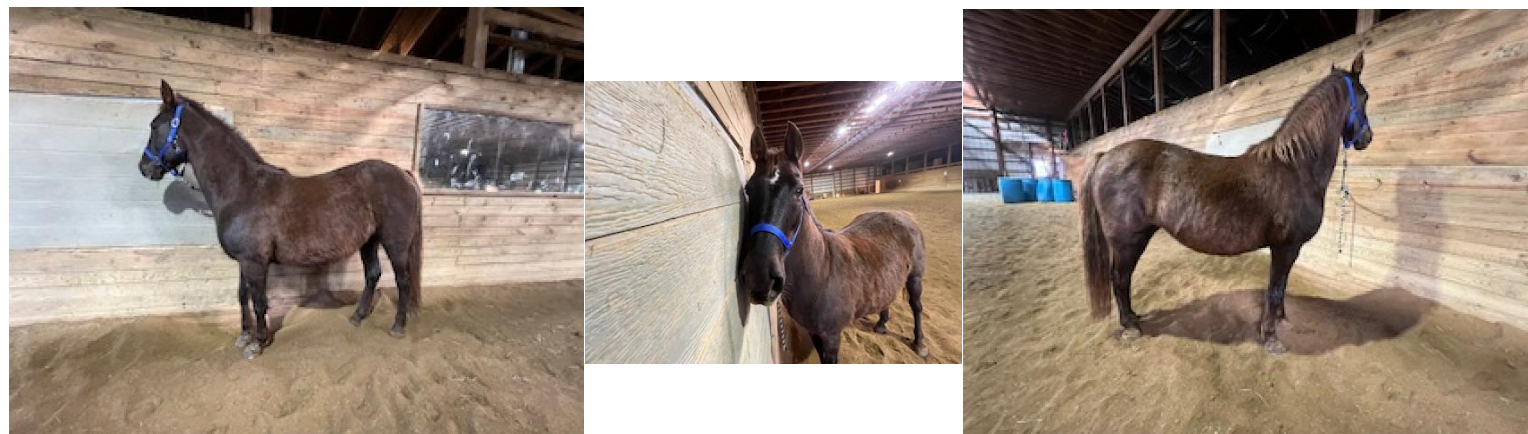
FORM SERIAL NUMBER
1214795-3

OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM

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

1. ACCESSION NUMBER (For laboratory use only) E1566		2. DATE BLOOD DRAWN 03/15/2024		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 Melissa Willings 5b. MAILING ADDRESS 10481 W V Ave			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market) 7a. NAME Melissa Willings 7b. PHYSICAL/STREET ADDRESS 10481 W V Ave		
5c. CITY Schoolcraft		5d. STATE MI	5e. ZIP CODE 49087	7c. CITY Schoolcraft	7d. STATE MI
5f. OWNER TELEPHONE NUMBER (269) 217-7308		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Kalamazoo		7e. ZIP CODE 49087	
7f. PREMISES TELEPHONE NUMBER (269) 217-7308					
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 Rachelle M. Bennecke		8b. NATIONAL ACCREDITATION NUMBER 048407		8c. STATE IN WHICH BLOOD SAMPLE WAS OBTAINED Michigan	
8d. VETERINARIAN SIGNATURE DR. RACHELLE BENNECKE				8e. SIGNATURE DATE 03/17/2024 03:59 PM EDT	
8f. MAILING ADDRESS OF VETERINARIAN 15642 Kane Rd				8g. CITY Plainwell	8h. STATE MI
8i. ZIP CODE 49080		8j. TELEPHONE NUMBER (269) 377-1222			
9. TUBE # 6	10. NAME OF ANIMAL Lilly		11. COLOR Bay	12. BREED OF HORSE (or Species of Equid) Morgan	
13. SEX <input type="checkbox"/> MALE INTACT <input checked="" type="checkbox"/> FEMALE INTACT <input type="checkbox"/> GELDING <input type="checkbox"/> FEMALE SPAYED					
14. AGE OR DOB 01/01/2007	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 Star		20. NECK AND BODY (include coat color patterns if any) --			
21. LEFT FORELIMB No Markings		22. RIGHT FORELIMB No Markings			
23. LEFT HINDLIMB No Markings		24. RIGHT HINDLIMB No Markings			
FOR LABORATORY USE ONLY					
25. EIA LABORATORY NAME Michigan State Dept. of Agr. William C. Geagley Lab (517) 284-0500		26. DATE SAMPLE RECEIVED 03/21/2024	27. DATE RESULTS REPORTED 03/21/2024	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 East Lansing		30. LABORATORY REMARKS			
25b. STATE MI		31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN SHAUN MALT		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).