OMB control number.	The valid OMB con	trol number reviewing in	for this informati structions, searc	on collection is 0579-0 ching existing data sou	127. The til rces, gather	n is not required to respond me required to complete thi ing and maintaining the dat	is inforr	mation collection	on is estimate leting and rev	d to average .0 iewing the coll	083 ection	OMB Approved 0579-0127		
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE								FORM SERIAL NUMBER						
	OFFICIA								1214795-1					
COMPLETION OF FIELDS #2 – #24 IS REQUIRED. IF NONE: LINE THROUGH BOX FULLY OR WRITE "NONE".														
1. ACCESSION NUM	use only)	2. DATE BLOOD DRAWN			3. TEST REQUESTED BY VETERINARIAN									
E1564				03/15/2024			ELISA AGID							
4. REASON FOR TESTING         Interstate         Movement         Within State         Use/Annual         Ownership/Sale         International         Import/Export         Suspect											igation/Exposure			
5. NAME AND MAILING ADDRESS OF OWNER 7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market)														
<sup>5a. NAME</sup> Melissa Willings		7a. NAME Melissa Willings												
5b. MAILING ADDRES 10481 W V Ave		7b. PHYSICAL/STREET ADDRESS 10481 W V Ave												
5c. CITY 5d. STATE Schoolcraft MI				5e. ZIP CODE 7c. CITY 49087 Schoolcraft					7d. STATE MI	E 7e. ZIP CODE 49087				
5f. OWNER TELEPHO (269) 217-7308		6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Kalamazoo				7f. PREMISES TELEPHONE NUMBER (269) 217-7308								
		DERALLY AC	CCREDITED, VE			STATE WHERE THE SAM								
8a. VETERINARIAN NAME         8b. NATIONAL ACCRED           Rachelle M. Bennecke         048407						ATION NUMBER 8c. STATE IN V Michigan				WHICH BLOOD SAMPLE WAS OBTAINED				
8d. VETERINARIAN S	GIGNATURE					8e. SIGN			NATURE DATE					
DR. RACHELLE BENNECKE Electronical						signed through USDA VSPS 03/			4 03:59 PN					
8f. MAILING ADDRES	S OF VETERINAR		8g. CITY		8h. STATE		8I. ZIP CODE		8j. TELEPHONE NUMBER					
15642 Kane Rd		Plainwell			MI		49080 (2		(269)	269) 377-1222				
9. TUBE #	. TUBE # 10. NAME OF ANIMAL						11. COLOR 12. BREED OF I			or Species of E	quid)	13. SEX		
4	Kalani					Buckskin Miniature Hors						MALE INTACT		
14. AGE OR DOB	15. TAG # 16. TATTOO # 17. MICROCHIP #					18. BF				REGISTRAT				
01/01/2022											FEMALE SPAYED			

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 20. NECK AND BODY (include coat color patterns if any) No Markings 21. LEFT FORELIMB 22. RIGHT FORELIMB No Markings No Markings 23. LEFT HINDLIMB 24. RIGHT HINDLIMB No Markings No Markings 25. EIA LABORATORY NAME 26. DATE SAMPLE RECEIVED 27. DATE RESULTS REPORTED 28. OFFICIAL TEST RESULT 29. TEST TYPE USED Michigan State Dept. of 03/21/2024 03/21/2024 ~ NEGATIVE POSITIVE AGID ✓ ELISA Agr.William C. Geagley 30. LABORATORY REMARKS Lab (517) 284-0500 25a. CITY East Lansing 25b. STATE 31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 32. INTERIM RESULT REFERRED FOR CONFIRMATION MI SHAUN MALT 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).

OMB control number.	The valid OMB con	trol number reviewing in	for this informat structions, sear	ion collection is 0579-0 ching existing data sou	)127. The tii irces, gather	n is not required to respond me required to complete this ing and maintaining the data	s infor	mation collection	on is estimate leting and rev	d to average . iewing the coll	083 ection	OMB Approved 0579-0127			
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE										FORM SERIAL NUMBER					
OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM										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)         2. DATE BLOOD DRAWN         3. TEST REQUESTED BY VETERINARIAN															
	use only)	2. DATE BLOOD DRAWN			3. TEST REQUESTED BY VETERINARIAN										
E1565				03/15/2024			ELISA AGID								
4. REASON FOR TESTING															
Interstate Movement Within State Use/Annual Change Ownership/Sale International Import/Export International Import/Export International Import/Export International Suspect Interstigation/Exposure										igation/Exposure					
5. NAME AND MAILIN		7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market)													
5a. NAME						a. NAME									
Melissa Willings						elissa Willings					11				
5b. MAILING ADDRESS 10481 W V Ave						7b. PHYSICAL/STREET ADDRESS 10481 W V Ave									
5c. CITY 5d. STATE				5e. ZIP CODE		7c. CITY				7d. STATE	7e. ZIP CODE				
Schoolcraft MI				49087	choolcraft	t			MI		087				
5f. OWNER TELEPHC (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, FE	DERALLY AC	CCREDITED, VE	TERINARIAN, AUTHOR	RIZED IN THE	STATE WHERE THE SAMP	PLE W	AS OBTAINED,	, BY ME, FRC	M THE ANIMA	L DESC	RIBED BELOW.			
8a. VETERINARIAN NAME 8b. NATIONA									E IN WHICH BLOOD SAMPLE WAS OBTAINED						
Rachelle M. Benn	Contract of	048407				Michigan									
8d. VETERINARIAN SIGNATURE						8e. SIGNATURE D				DATE					
DR. RACHELLE	BENNECKE	Electr	Electronically signed through USDA VSPS			03/17/2024	1 03:59 PI	N EDT							
8f. MAILING ADDRES	S OF VETERINAR	IAN			8g. CITY		8h. STATE		8I. ZIP CODE		8j. TELEPHONE NUMBER				
15642 Kane Rd		Plainwell			MI		49080		(269) 377-1222						
9. TUBE #	9. TUBE # 10. NAME OF ANIMAL						11. COLOR 12. BREED OF HO			ORSE (or Species of Equid) 13. SEX					
										, , ,		MALE INTACT			
5	Kash	n				Brown/White Paint		Miniature	Horse						
14. AGE OR DOB	15. TAG # 16. TATTOO # 17. MICROCHIP #					18. BRFFI				REGISTRAT					
							10. BILL								
01/01/2021												FEMALE SPAYED			

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 20. NECK AND BODY (include coat color patterns if any) Snip 21. LEFT FORELIMB 22. RIGHT FORELIMB Sock Sock 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 Michigan State Dept. of 03/21/2024 03/21/2024 ~ NEGATIVE POSITIVE AGID ✓ ELISA Agr.William C. Geagley **30. LABORATORY REMARKS** Lab (517) 284-0500 25a. CITY East Lansing 25b. STATE 31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 32. INTERIM RESULT REFERRED FOR CONFIRMATION MI SHAUN MALT 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).

OMB control number.	The valid OMB con	t of 1995, an agency may not of trol number for this information reviewing instructions, search	collection is 0579-0	127. The tir	me required to complete this	s infor	mation collecti	on is estimate	d to average .0	83	OMB Approved 0579-0127			
ANIMAL AND PLANT HEALTH INSPECTION SERVICE									RM SERIAL NUMBER					
	OFFICIA							1214795-3						
OFFICIAL VS 10-11 EQUINE INFECTIOUS ANEMIA TEST FORM       I Z I + 7 3 J - J         COMPLETION OF FIELDS #2 – #24 IS REQUIRED. IF NONE: LINE THROUGH BOX FULLY OR WRITE "NONE".														
1. ACCESSION NUM	AWN		ST REQUES	TED BY VETE	BY VETERINARIAN									
E1566		0	3/15/2024		ELISA AGID									
4. REASON FOR TES	4. REASON FOR TESTING													
Interstate Movement     Within State Use/Annual     Change Ownership/Sale     International Import/Export     Illness/Clinical Suspect     Investigation/Exposure										igation/Exposure				
5. NAME AND MAILI	NG ADDRESS OF (	OWNER			7. CURRENT HOME PREMISES OF EQUINE (ranch, farm, stable, or market)									
<sup>5a. NAME</sup> Melissa Willings		7a. NAME Melissa Willings												
5b. MAILING ADDRES 10481 W V Ave		7b. PHYSICAL/STREET ADDRESS 10481 W V Ave												
5c. CITY Schoolcraft		5e. ZIP CODE 7c. CITY 9087 Schoolcraft								. ZIP CODE 087				
5f. OWNER TELEPHONE NUMBER 6. COUNTY OF CURRENT (269) 217-7308 Kalamazoo									PREMISES TELEPHONE NUMBER 9) 217-7308					
I CERTIFY I AM	A CATEGORY II, FE	DERALLY ACCREDITED, VETE	RINARIAN, AUTHOR	ZED IN THE	STATE WHERE THE SAME	PLE W	AS OBTAINED	, BY ME, FRO	M THE ANIMAL	L DESC	RIBED BELOW.			
8a. VETERINARIAN NAME         8b. NATIONAL ACCREDIT           Rachelle M. Bennecke         048407					ATION NUMBER 8c. STATE IN Michigan				WHICH BLOOD SAMPLE WAS OBTAINED					
8d. VETERINARIAN S DR. RACHELLE	onically sign	signed through USDA VSPS 03/17/2024 03:												
					ITY 8h. STATE well MI		STATE			•	ELEPHONE NUMBER 9) 377-1222			
9. TUBE # 10. NAME OF ANIMAL					11. COLOR 12. BREED			OF HORSE (	or Species of Eq	uid)	13. SEX			
6	Lilly			Bay Morgan						MALE INTACT				
14. AGE OR DOB	15. TAG #	16. TATTOO #	#	18. E				REGISTRATIO						
01/01/2007										FEMALE SPAYED				

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 20. NECK AND BODY (include coat color patterns if any) Star 21. LEFT FORELIMB 22. RIGHT FORELIMB No Markings No Markings 23. LEFT HINDLIMB 24. RIGHT HINDLIMB No Markings No Markings 25. EIA LABORATORY NAME 26. DATE SAMPLE RECEIVED 27. DATE RESULTS REPORTED 28. OFFICIAL TEST RESULT 29. TEST TYPE USED Michigan State Dept. of 03/21/2024 03/21/2024 ~ NEGATIVE POSITIVE AGID ✓ ELISA Agr.William C. Geagley 30. LABORATORY REMARKS Lab (517) 284-0500 25a. CITY East Lansing 25b. STATE 31. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 32. INTERIM RESULT REFERRED FOR CONFIRMATION MI SHAUN MALT 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).