	ECTIOUS ANEMIA LABORATORY	/ TEST			EIA-1405880	
SERIAL NO. WI-1405880	ACCESSION NO. 12445863	ACCESSION NO. 12445863			COUNTY	
	ns Of The Horse and Complete Address	es Including Zip Codes	5/15/12 , and Telephone Numbers Will Not E	Be Processed.		
NAME & ADDRESS OF OWNER Bottum, Sabine N9034 Townline Rd East Troy, WI 53120 262-642-2850		NAME & ADDRESS OF VETERINARIAN Elkhorn Veterinary Clinic Ltd. Theresa A Schreiner, DVM 205 East O'Connor Drive Elkhorn , WI 53121 262-723-2644		NAME 8 Bottum N9034 East Tr	NAME & ADDRESS OF STABLE/MARKET Bottum, Sabine N9034 Townline Rd East Troy, WI 53120 262-642-2850	
VETERINARY LICENSE OR A 5784 / WI:5784	CCREDITATION NO.	TEST TYPE ELISA	a.C	REASO Annual	N FOR TESTING	
CERTIFICATION OF FEDERALLY A	CCREDITED VETERINARIAN I certify	the specimen submitte	d with this form was drawn by me fro	om the horse des	cribed below on the day indicated above.	
. He	ACCREDITED VETERINARIAN WNER'S AGENT certify that have ex	vamined this form and	SIGNATURE NAME Theresa A Schreiner, [DATE BLOOD DRAWN 5/11/12	
SIGNATURE OF OWNER OR	·	aniinea ane ionii ana,	SIGNATURE NAME Bottum, Sabine	ilet, triio loriii lo tr	SIGNATURE DATE 5/15/12	
NAME OF HORSE Spellbound			ID2 N/A		ID3 N/A	
COLOR Bay REMARKS:	AGE OR DOB YOB 1990		BREED Arabian	14,0	GENDER Gelding	
1 23 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				xe5		
NARRATIVE DESCRIPTION	(See animal photograph(s,) above)		Care S		
) above)	OTHER MARKS AND BRA	NDS		
HEAD Star, Disconnected) above)	OTHER MARKS AND BRA	NDS		
HEAD Star, Disconnected LEFT FORELIMB) above)	2.0	NDS		
HEAD Star, Disconnected LEFT FORELIMB LEFT HINDLIMB Sock	Strip, Snip	·	RIGHT FORELIMB RIGHT HINDLIMB Sock	NDS		
NARRATIVE DESCRIPTION HEAD Star, Disconnected LEFT FORELIMB LEFT HINDLIMB Sock FOR LABORATORY USE ONL LABORATORY IDEXX Elmhurst 655 Grand Ave, Suite 390 Elmhurst, Illinois 60126 630-516-7968	Strip, Snip	BE NO. DATE	RIGHT FORELIMB Sock RIGHT HINDLIMB DATE RECEIVED DATE	NDS TE REPORTED 7/12	TEST RESULTS Negative	