

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. T 1658615	1. ACCESSION NUMBER V16-24195	2. DATE BLOOD DRAWN 8-2-16
--------------------------------	---	--------------------------------------

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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input checked="" type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Rancho Corazon McElvain Hwy. 408 Gate 838 ZIP Code Lemitar, NM 87823 County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 771	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Rancho Corazon McElvain Hwy. 408 Gate 838 Lemitar, NM 87823 ZIP Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) THE ARK OF SOCORRO Veterinary Clinic P.O. Box 1158 ZIP Code Socorro, NM 87801 County	



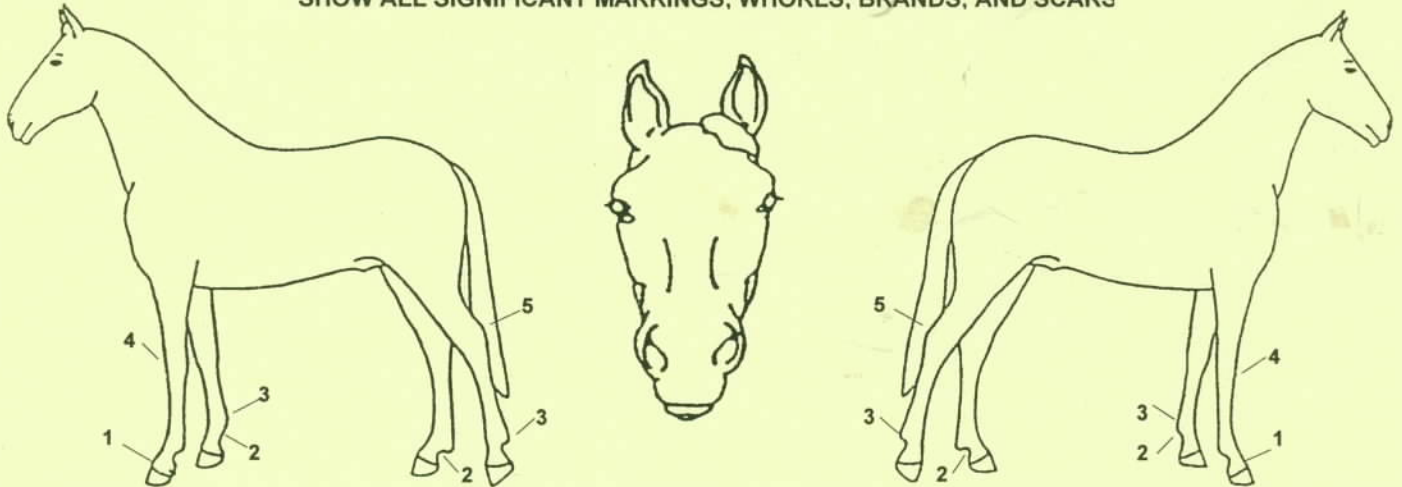
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Dr. David C. Baker</i>	11. TYPE OR PRINT SIGNATURE NAME <i>David C. Baker</i>	12. SIGNATURE DATE 8/2/16
---	---	-------------------------------------

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.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
8			Brazil	Dark Bay	Holl		2009	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	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 NMDA-Veterinary Diagnostic Services 1101 Camino de Salud NE Albuquerque, New Mexico 87102 (505) 383-9299	32. DATE RECEIVED 08-03-2016	33. DATE REPORTED OUT 8-3-16	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN <i>aa</i>		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 1001).

1 RT B C RB AR EB JT