

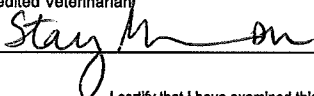
| | | | |
|---|-----------------------------|--------------------------------|-----------------------------------|
| U.S. Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16) | Serial No. 506518 | 1. Accession Number 16-2179 | 2. Date Blood Drawn 04/09/2016 |
|---|-----------------------------|--------------------------------|-----------------------------------|

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"/> Annual Change of Ownership <input checked="" type="checkbox"/> Show Retest <input type="checkbox"/> First Test Export | 7. Name and Address or Stable/Market (Please print or type) Hunter Way Farm 451 S. Shore Drive Delanson, NY Zip Code 12053 Tel No. (518) 528-1447 County Schenectady |
| 4. Geographic Information Systems (GIS) Lat: -- Long: -- | 5. Veterinary License or Accreditation No. 008131 |
| 6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID | 8. Name and Address of Owner (Please print or type) Hunter Way Farm 451 S. Shore Drive Delanson, NY Zip Code 12053 Tel No. (518) 528-1447 County Schenectady |
| 9. Name and Address of Veterinarian (Please print or type) Stacey S. Pedersen 890 Troy Schenectady Road Latham, NY Zip Code 12110 Tel No. (518) 785-5531 County Albany | |

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 Stacey S. Pedersen | 12. Signature Date 04/10/2016 |
|---|--|----------------------------------|

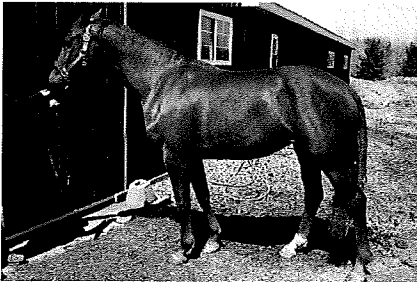
Certification of Owner or Owner's Agent

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. | 17. Official Tag No. | 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 N - Neuter |
|--------------|----------------------|------------------|---|-----------|-------------------|-------------------------|----------------|---------|---|
| 14 | | | Call Name: Carla, Registered Name: Khaleesi | -- | Swedish Warmblood | -- | 01/01/2010 | F | |

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks

| | |
|-------------------------|---|
| 25. Head Star | 26. Other Marks and Brands Small-Along the crest of the neck |
| 27. Left Forelimb -- | 28. Right Forelimb -- |
| 29. Left Hindlimb -- | 30. Right Hindlimb Right Fetlock |

For Laboratory Use Only

| | | | |
|--|---------------------------------|-------------------------------------|--|
| 31. Laboratory Name/City/State Vet. Testing Lab., Medical Lab Services Schenectady, NY | 32. Date Received 04/11/2016 | 33. Date Reported Out 04/12/2016 | 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 Aram Atashian | | 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).