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|--|--------------------------------|--|--------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE<br>ANIMAL AND PLANT HEALTH INSPECTION SERVICE<br><b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b><br>(VS Memorandum 555.16) | SERIAL NO.<br><b>T 1658641</b> | 1. ACCESSION NUMBER<br><b>17 02336</b> | 2. DATE BLOOD DRAWN<br><b>2.2.17</b> |
|--|--------------------------------|--|--------------------------------------|

**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<br><input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test<br><input type="checkbox"/> Retest <input type="checkbox"/> Export |  | 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)<br><b>Rancho Corazon McElvain</b><br><b>Hwy. 408 Gate 838</b><br><b>Lemitar, NM 87823</b> ZIP Code                                      |  |
| 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)<br>LAT:<br>LONG:  | 5. VETERINARY LICENSE OR ACCREDITATION NO.<br><b># 771</b> | 6. TEST TYPE<br><input checked="" type="checkbox"/> ELISA<br><input type="checkbox"/> AGID  | Tel No. <b>#575-835-1845</b> County <b>Socorro</b> |
| 8. NAME AND ADDRESS OF OWNER (Please print or type)<br><b>Rancho Corazon McElvain</b><br><b>Hwy. 408 Gate 838</b> ZIP Code<br>Tel No. <b>#575-835-1845</b> County <b>Socorro</b>  |  | 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)<br><br><b>THE ARK OF SOCORRO</b><br><b>Veterinary Clinic</b><br><b>P.O. Box 1158</b> ZIP Code<br>Tel No. <b>Socorro, NM 87801</b> County |  |

**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.

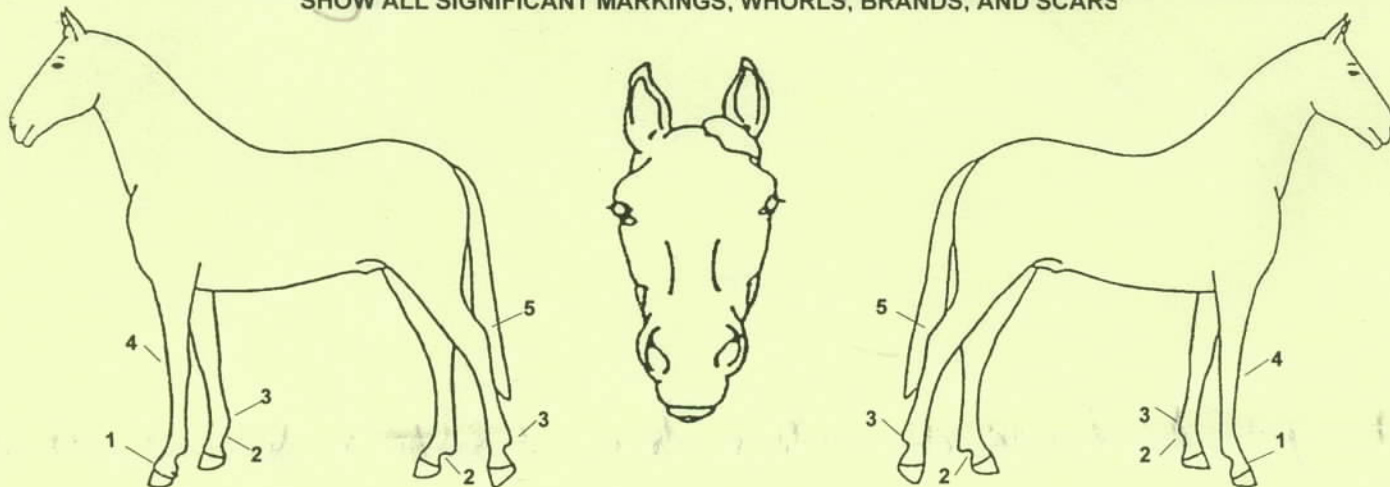
|   |   |                                     |
|---|---|-------------------------------------|
| 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN<br><i>David P. Baker</i> | 11. TYPE OR PRINT SIGNATURE NAME<br><b>Dr. David P. Baker</b> | 12. SIGNATURE DATE<br><b>2.2.17</b> |
|---|---|-------------------------------------|

**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<br><i>Taylor Randall</i> |                  | 14. TYPE OR PRINT SIGNATURE NAME<br><b>Taylor Randall</b> |                                  | 15. SIGNATURE DATE<br><b>2.2.17</b> |           |                         |                               |                     |   |
| 16. Tube No.   | 17. Official Tag | 18. Tattoo/Brand  | 19. Name of Horse<br><b>Pige</b> | 20. Color<br><b>Grey Hols</b>       | 21. Breed | 22. Electronic I.D. No. | 23. Age or DOB<br><b>2000</b> | 24. Sex<br><b>F</b> | M - Male<br>F - Female<br>G - Gelding<br>SF - Spayed Female |

**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<br><b>NMDA-Veterinary Diagnostic Services</b><br><b>1101 Camino de Salud NE</b><br><b>Albuquerque, New Mexico 87102</b><br>(505) 838-3200 | 32. DATE RECEIVED<br><b>02-03-2017</b> | 33. DATE REPORTED OUT<br><b>2-3-17</b> | 34. TEST RESULTS<br><input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA |
| 35. SIGNATURE OF TECHNICIAN<br><i>S. Cooper</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).