

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

SERIAL NO. T 1658420	1. ACCESSION NUMBER V17-02337	2. DATE BLOOD DRAWN 2/2/17
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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 checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Rancho Corazon McElvain Hwy. 408 Gate 838 Lemitar, NM 87823 ZIP Code Tel No. 575-835-1815 County Socorro		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. #771	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) THE ART OF SOCORRO Veterinary Clinic P.O. Box 1158 Socorro, NM 87801 Tel No. _____ County _____
8. NAME AND ADDRESS OF OWNER (Please print or type) Rancho Corazon McElvain Hwy. 408 Gate 838 Lemitar, NM 87823 ZIP Code Tel No. 575-835-1815 County Socorro			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) THE ART OF SOCORRO Veterinary Clinic P.O. Box 1158 Socorro, NM 87801 Tel No. _____ 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 <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME Dr David L Baker	12. SIGNATURE DATE 2/2/17
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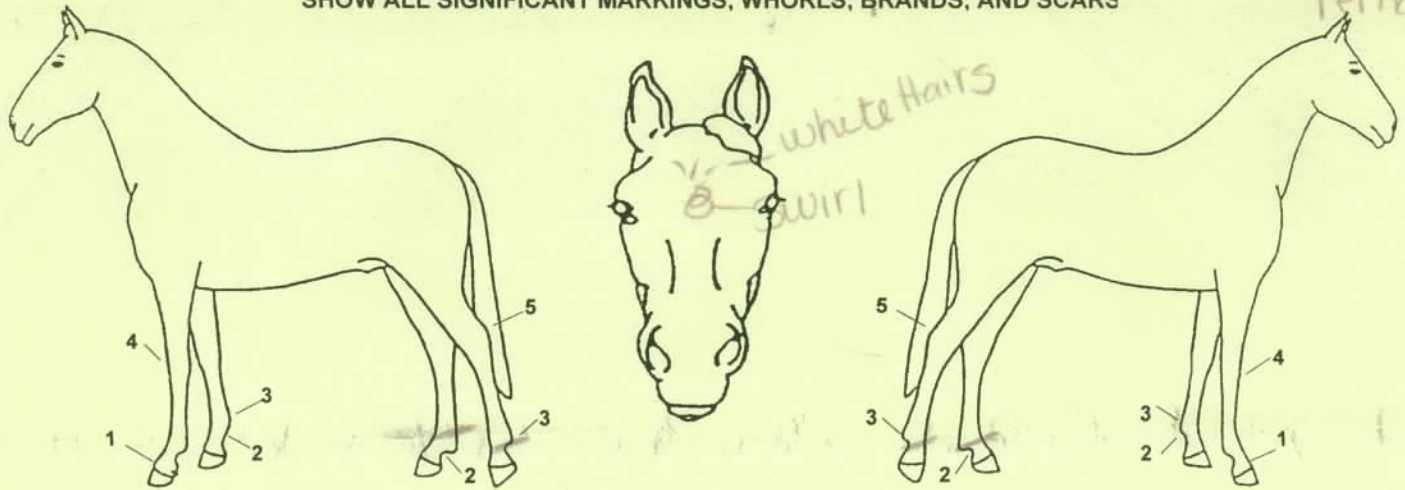
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME Taylor Randall	15. SIGNATURE DATE 2/2/17
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16. Tube No. #3	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Savanna	20. Color Dark Bay	21. Breed Holk	22. Electronic I.D. No.	23. Age or DOB 2008	24. Sex Female	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD a few white hairs & swirl	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Pastern	30. RIGHT HINDLIMB Pastern

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE NMDA-Veterinary Diagnostic Services 1101 Camino de Salud NE Albuquerque, New Mexico 87102	32. DATE RECEIVED 07-03-2017	33. DATE REPORTED OUT	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 S. COOPER		36. REMARKS	

(5) 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).