

8. NAME AND ADDRESS OF OWNER (Please print or type) Becky Klaus 1400 Lehigh Dr. Meridian, ID		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Daniel B. Borders DVM 7518 Hankins Ln Middleton, ID	
ZIP Code 83646		ZIP Code 83644	
Tel No. (208) 514-9231		Tel No. (208) 489-0359	
County Ada		County Canyon	

### 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>Daniel B. Borders</i>	11. TYPE OR PRINT SIGNATURE NAME Daniel B. Borders DVM	12. SIGNATURE DATE 6/21/17
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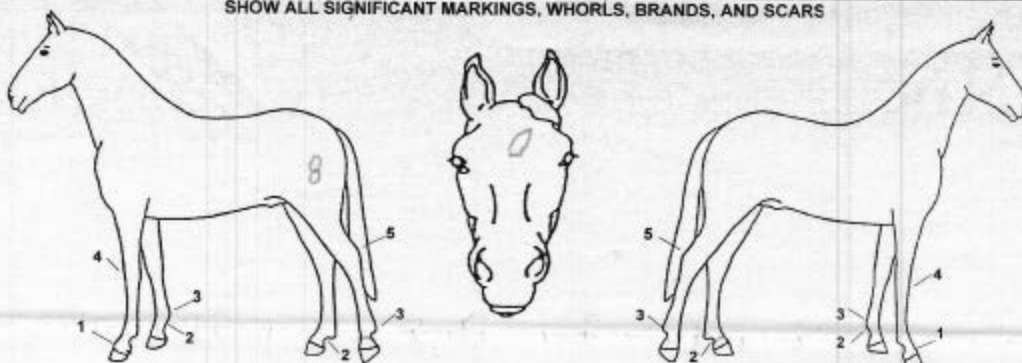
### CERTIFICATION OF OWNER OR OWNER'S AGENT

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	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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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	25. M - Male F - Female G - Gelding SF - Spayed Female
-	-	(L) hip	Posey	bay	Old	-	2003	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 star	26. OTHER MARKS AND BRANDS (L) hip
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB coronet	30. RIGHT HINDLIMB

### FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ANIMAL HEALTH LABS BOISE ID	32. DATE RECEIVED 6-22-17	33. DATE REPORTED OUT 6-23-17	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> ACID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</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).