

See reverse for form CMB information

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(U.S. Department Form 1-9)

SERIAL NO.

V 048737

1. ACCREDITED NUMBER

18TX0320

2. DATE RECEIVED

4-25-18

Forms Without Adequate Descriptions Of The Horses And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Mare Change of Ownership Other FUD TEST

4. GEOGRAPHIC INFORMATION SYSTEMS ZONE

LAT. LONG.

069304

5. TEST TYPE

ELISA
 AGID

7. NAME AND ADDRESS OF STABLE/MARKET (Please print or type)

Same as #18

8. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

HAYES EQUINE
VETERINARY SERVICES
6544 FM 1753 - Denison, TX 75021
903-465-0777

9. NAME AND ADDRESS OF OWNER (Please print or type)

D. Hopkins
623 CR 1125
Ravenna, TX ZIP Code 75476
Tel No. 903-523-7282 County FORD CO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

[Signature]

11. TYPE OR PRINT SIGNATURE NAME

MEGHAN MENDOZA DVM

12. SIGNATURE DATE

4-25-18

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

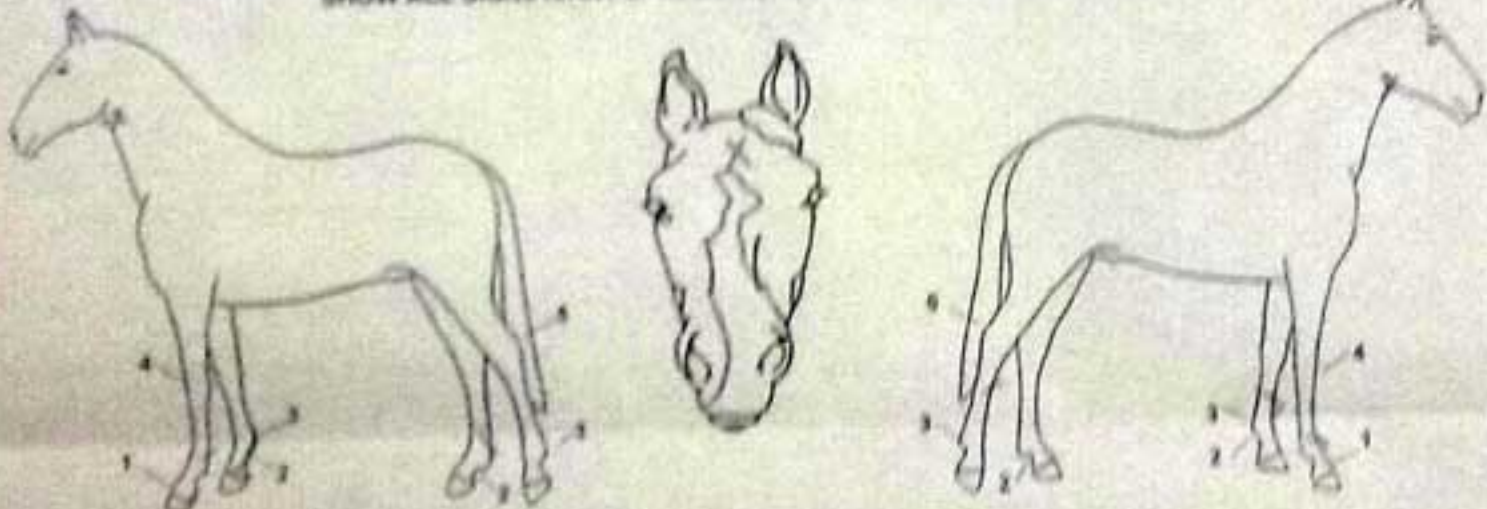
MEGHAN MENDOZA

15. SIGNATURE DATE

4-25-18

16. Tail No.	17. Official Tag	18. Tailcut/Brand	19. Name of Horse	20. Color	21. Breed	22. Estimated Lt. No.	23. Age or Sex	24. Sex	25. Male F - Female	26. Foaling SP - Spayed F - Fixed
		Descapade		White	HAN		2 1/2 Y	F		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Crown 2 - Pastern 3 - Fetlock 4 - Knee 5 - Hoof

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD WHIDL STAR STRIPE SNIP

26. OTHER MARKS AND BRANDS WHIDL ON LEFT NECK RIGHT NECK

27. LEFT FORELEGS SOCK

28. RIGHT FORELEGS SOCK

29. LEFT HINDLEGS

30. RIGHT HINDLEGS Stocking

FOR LABORATORY USE ONLY

31. LABORATORY NAME/STATE

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS

TEXOMA EQUINE LAB
DENISON, TX

4-27-18

4-27-18

Negative Positive ATSD ELISA

35. SIGNATURE OF TECHNICIAN

36. REMARKS

[Signature]

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)