

SERIAL NUMBER
2017-12965399

DATE SIGNED
2017-11-30

LAB ACCESSION NUMBER
PL17-6669

COUNTY

NAME & ADDRESS OF OWNER

Mural Samuelsen Duxak
4300 NIA 1458
DALLAS, TX 75204
Phone: 214-332-4572
P.O. BOX

NAME & ADDRESS OF VETERINARIAN

Kennon Keckler
16205 Clayton Park Blvd
Houston, TX 77057
P.O. BOX 254 2571

NAME & ADDRESS OF TRIPLE MARKER

Med Mark Stroder
11700 Belcher Road
Houston, TX 77036
Phone: 281-724-5680
P.O. BOX

VETERINARY LICENSE OR ACCREDITATION NO.
TX License State TX (NOT YET ISSUED)

TEST TYPE
ELISA

REASON FOR TESTING
Rhinus

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN: I certify the specimen submitted is of this animal and was drawn by me from the site described below, on the date and at the time below.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Kennon L. Keckler DVM

SIGNATURE NAME
Kennon L. Keckler, DVM

DATE OF SPECIMEN
2017-11-30

2017-11-30 8:33 AM -08:00

CERTIFICATION OF OWNER OR OWNER'S AGENT: I certify that I have examined this form and, to the best of my knowledge and belief, the form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT

SIGNATURE NAME
Mural Samuelsen Duxak

SIGNATURE DATE
2017-11-30

NAME OF HORSE
RF Marilyn

ID1
Boni Nema Marilyn

ID2

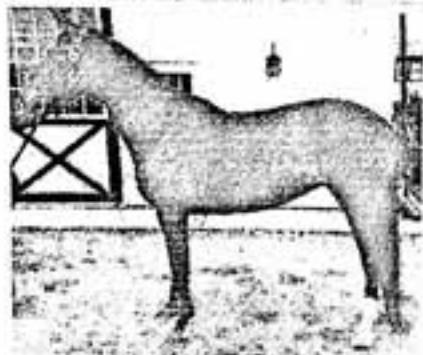
ID3

COLOR
Bay

AGE OF DOB
11/17/2005

BREED
Warmblood

GENDER
Female



NARRATIVE DESCRIPTION: Median whorl at upper eye level to left of midline

HEAD: Star, Strip, Upper lip at margin

OTHER MARKS AND BRANDS: LH Warmblood brand with 63 upright marks

LEFT FORELIMS: Coronet

RIGHT FORELIMS: Upper hoof only

LEFT HINDLIMS: Sock with armband

RIGHT HINDLIMS: Sock

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
TECHNICIAN Linda Kovach		TUBE NUMBER 101-110921-G	DATE RECEIVED 2017-11-30	DATE REPORTED 2017-12-01	TEST RESULTS Negative

LABORATORY
PetLABS Diagnostic Laboratories, Inc.
36400 Center Ridge Rd.
North Ridgeville, OH 44039

SIGNATURE OF TECHNICIAN

Linda A Kovach

Linda Kovach

2017-12-01 5:48 AM -08:00