

5

FORM APPROVED - USE NUMBER 5075, 5107

EQUINE

KEY TEST

SERIAL NO.

U 1457010

1. ASSIGNMENT NUMBER

2. DATE OF BIRTH

1/12/94

Print Name Without Adequate Description of the Horse and Complete Address including ZIP Code, Courthouse, and Telephone Numbers Will Not Be Processed

3. BREED OR STRAIN
 Other Change of Breed None For Use Export

4. ASSIGNMENT INFORMATION
 4.1. ASSIGNMENT NUMBER: 039907
 4.2. DATE OF BIRTH: 1/12/94
 4.3. SEX: Male Female

5. NAME AND ADDRESS OF STABLE/OWNER (Please print or type)
 5.1. NAME: [Handwritten]
 5.2. ADDRESS: [Handwritten]
 5.3. CITY: [Handwritten] STATE: [Handwritten] ZIP CODE: [Handwritten]

6. NAME AND ADDRESS OF ASSIGNMENT (Please print or type)
 6.1. NAME: [Handwritten]
 6.2. ADDRESS: [Handwritten]
 6.3. CITY: [Handwritten] STATE: [Handwritten] ZIP CODE: [Handwritten]

CERTIFICATION OF ORIGINALITY OF ASSIGNMENT INFORMATION

7. I certify that the information submitted on this form was derived by me from the horse's permanent file in the stable indicated above.
 7.1. YES NO

8. THIS IS MY BEST KNOWLEDGE
 8.1. YES NO

9. ASSIGNMENT DATE
 9.1. DATE: [Handwritten]

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.

10. SIGNATURE OF OWNER OR OWNER'S AGENT
 10.1. SIGNATURE: [Handwritten]

Color	Sex	Age	Markings	Other	Notes	Remarks
			Roan de la Belle	Bay	Man	196 F

SHOW ALL SIGNIFICANT BLEMISHES, WOUNDS, BRANDS, AND SCARS



11. OWNER'S NAME, ADDRESS, AND PHONE

ASSIGNMENT DATE, ASSIGNMENT NUMBER

12. ASSIGNMENT INFORMATION
 12.1. ASSIGNMENT NUMBER: [Handwritten]
 12.2. DATE OF BIRTH: [Handwritten]
 12.3. SEX: [Handwritten]

13. ASSIGNMENT INFORMATION
 13.1. ASSIGNMENT NUMBER: [Handwritten]
 13.2. DATE OF BIRTH: [Handwritten]
 13.3. SEX: [Handwritten]

FOR LABORATORY USE ONLY

14. LABORATORY INFORMATION
 14.1. LABORATORY NAME: [Handwritten]
 14.2. LABORATORY ADDRESS: [Handwritten]
 14.3. LABORATORY PHONE: [Handwritten]

15. LABORATORY INFORMATION
 15.1. LABORATORY NAME: [Handwritten]
 15.2. LABORATORY ADDRESS: [Handwritten]
 15.3. LABORATORY PHONE: [Handwritten]

A publication of this form or any results using a falsified form is a criminal offense and may result in a fine of not more than \$1,000 or imprisonment for not more than 6 months or both, or a civil penalty of \$100.