

This form was introduced by an AVDC Accredited Laboratory...  
Description of The Horse and Complete Antemortem including the Health and Complete Bloodwork

DATE SIGNED 2017-09-20	LAB/ACCESSION NUMBER BX173416	LAB/ACCESSION NO. OF STATE LABORATORY
NAME OF VETERINARIAN	NAME & ADDRESS OF VETERINARIAN Tom Hutchins 8283 FM 920 PO Box 128 Peasler, TX 76485 Phone: 817-458-3355	NAME & ADDRESS OF STATE LABORATORY Gayle Agnew 2020 Ashford Ave Dallas, TX 75225 Phone: 214-403-3384 PINLID: /
STATE OR ACCREDITATION NO.	TEST TYPE AGID	REASON FOR TESTING Annual

FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.

FEDERALLY ACCREDITED VETERINARIAN <i>Tom Hutchins</i> Tom Hutchins DVM	SIGNATURE NAME Tom Hutchins DVM	DATE BLOOD DRAWN 2017-09-20
2017-09-20 5:11 PM -07:00		

DECLARATION 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.

SIGNATURE OF OWNER OR OWNER'S AGENT	SIGNATURE NAME Gayle Agnew	SIGNATURE DATE 2017-09-20
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NAME OF HORSE Quo Vadis	ID1 Microchip: 210002062506	ID2	ID3
COLOR Sorrel	AGE OR DOB 2008-12-31	BREED Hanoverian Horse	GENDER Neutered/Castrated Male



NARRATIVE DESCRIPTION:		OTHER MARKS AND BRANDS: / Hanoverian Brand
HEAD: Star snip	LEFT FORELIMB: None	RIGHT FORELIMB: Scar
LEFT HINDLIMB: Half sock		RIGHT HINDLIMB: Scar

VACCINATIONS				
VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY

LABORATORY USE ONLY				
TECHNICIAN	TUBE NUMBER	DATE RECEIVED	DATE REPORTED	TEST RESULTS

TECHNICIAN LeeAnn Guilkey	TUBE NUMBER 101331335-0	DATE RECEIVED 2017-09-21	DATE REPORTED 2017-09-22	TEST RESULTS Negative
SIGNATURE OF TECHNICIAN <i>LeeAnn Guilkey</i>		2017-09-22 4:42 PM -07:00		

Bar X Veterinary Laboratory  
1190 W. Dry Creek Rd.  
Poolville, TX 76487