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6139486CA

FORM APPROVED - OMB NUMBER 0579 - 0127

SERVICE LABORATORY TEST	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
	H 0628623	81892136	9/18/2018

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Jane Clark (Winswept Farm) 5661 Sawmill Court Waunakee WI Tel No. 608-235-6342 Zip Code 53597 County Dane	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. WI-407746		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Jane Clark DVM 5661 Sawmill Court Waunakee WI Tel No. 608-235-6342 Zip Code 53597 County Dane	
8. NAME AND ADDRESS OF OWNER (Please print or type) Jane Clark 5661 Sawmill Court Waunakee WI Tel No. 608-235-6342 Zip Code 53597 County Dane			

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 Jane Clark DVM	11. TYPE OR PRINT SIGNATURE NAME Jane Clark DVM	12. SIGNATURE DATE 9/19/2018
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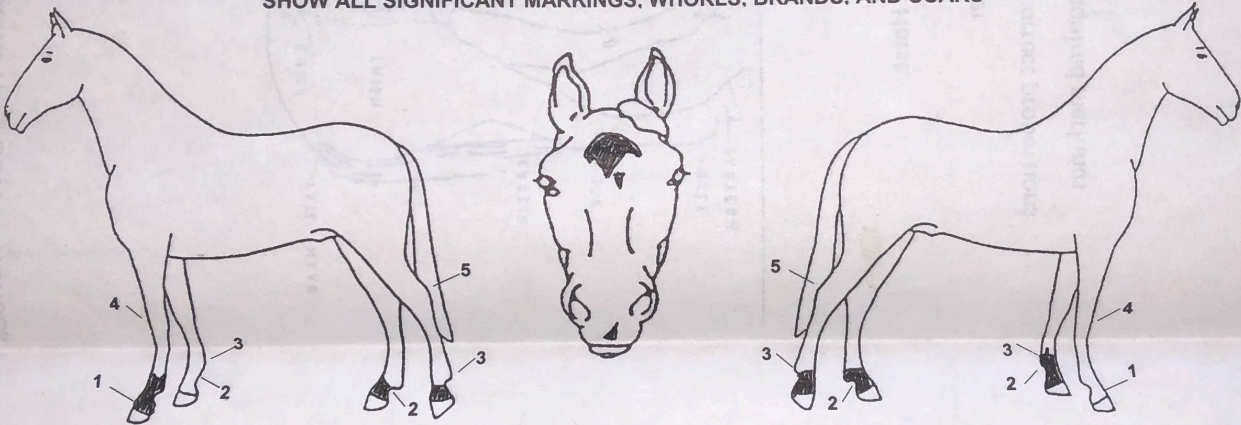
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Jane Clark DVM	14. TYPE OR PRINT SIGNATURE NAME Jane Clark DVM	15. SIGNATURE DATE 9/19/2018
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
1	—	—	Rezolute	Dark Bay or Brown	OLD	—	2007	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Irregular star forehead, Pale snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB White Fetlock, Higher Strip Inside	28. RIGHT FORELIMB
29. LEFT HINDLIMB High Pastern outside, Fetlock inside	30. RIGHT HINDLIMB High Pastern slightly higher outside

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Marshfield Labs • Marshfield 1000 N. Oak Ave Marshfield, WI 54449	32. DATE RECEIVED 9/20/18	33. DATE REPORTED OUT 9/20/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
SIGNATURE OF TECHNICIAN Ashley Glud		35. 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).