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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16) | SERIAL NO. | 1. ACCESSION NUMBER | 2. DATE BLOOD DRAWN |
| | V 409565 | V 18-27781 | 10/11/18 |

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 type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export Race <input type="checkbox"/> Show <input type="checkbox"/> First Test | | 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Bart Hone 3901 W Milten Dr Hobbs NM ZIP Code Tel No. County | |
| 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG: | 5. VETERINARY LICENSE OR ACCREDITATION NO. 875 | 6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID | |
| 8. NAME AND ADDRESS OF OWNER (Please print or type) Bart Hone ZIP Code Tel No. County | | 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Southwestern Hocktrack Associates 2418 Don Felipe Rd SW Albuquerque NM ZIP Code 87105 Tel No. County | |

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 <i>Tomy Pickard</i> | 11. TYPE OR PRINT SIGNATURE NAME Tomy Pickard | 12. SIGNATURE DATE 10/11/18 |
|---|--|--------------------------------|

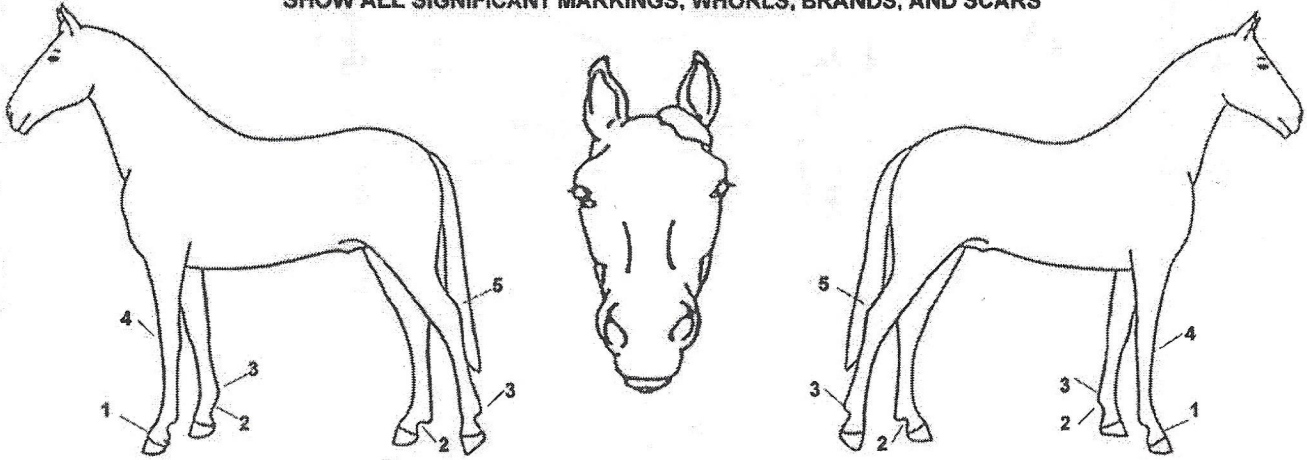
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

| | | |
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| 13. SIGNATURE OF OWNER OR OWNER'S AGENT | 14. TYPE OR PRINT SIGNATURE NAME | 15. SIGNATURE DATE |
|---|----------------------------------|--------------------|

| 16. Tube No. | 17. Official Tag | 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 SF - Spayed Female |
|--------------|------------------|------------------|-------------------|-----------|-----------|-------------------------|----------------|---------|---|
| | | / | Iroquois Heart | BAY | TB | | 2 | F | |

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

| | |
|-------------------------------|-------------------------------|
| 25. HEAD Star, Strip, Snip | 26. OTHER MARKS AND BRANDS |
| 27. LEFT FORELIMB Pastern | 28. RIGHT FORELIMB Pastern |
| 29. LEFT HINDLIMB Sock | 30. RIGHT HINDLIMB Sock |

FOR LABORATORY USE ONLY

| | | | |
|---|-------------------------------|--------------------------------------|--|
| 31. LABORATORY NAME/CITY/STATE NMDA-Veterinary Diagnostic Services 1101 Camino de Salud NE Albuquerque, New Mexico 87102 (505) 383-0299 | 32. DATE RECEIVED 10-12-18 | 33. DATE REPORTED OUT 12 Oct 2018 | 34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA |
| 35. SIGNATURE OF TECHNICIAN <i>[Signature]</i> | | 36. 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).