

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 409566	V18-27782	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 checked="" type="checkbox"/> Race <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Bart Horne 3901 W millen Rd 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 Horne ZIP Code _____ Tel No. _____ County _____
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Southwestern Racestock Associates 5418 Don Felipe Rd SW ABO NM ZIP Code 87105 Tel No. _____ County _____		10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN Tony Pickard D.V.M. 11. TYPE OR PRINT SIGNATURE NAME Tony Pickard 12. SIGNATURE DATE 10/11/18	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

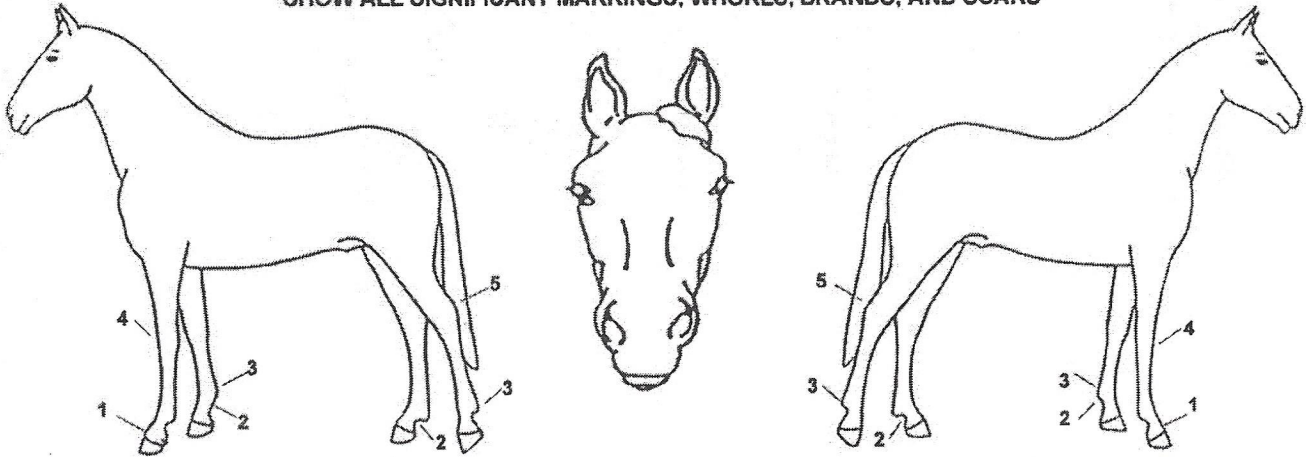
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN Tony Pickard D.V.M.	11. TYPE OR PRINT SIGNATURE NAME Tony Pickard	12. SIGNATURE DATE 10/11/18
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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 _____				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	
		—	Sage		BAY	TB		2	F		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

25. HEAD Small Star				26. OTHER MARKS AND BRANDS _____			
27. LEFT FORELIMB Pastern		28. RIGHT FORELIMB Pastern		29. LEFT HINDLIMB —		30. RIGHT HINDLIMB Pastern	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE NMDA-Veterinary Diagnostic Services 1101 Camino de Salud NE Albuquerque, New Mexico 87102 (505) 323-9299	32. DATE RECEIVED 10-12-18	33. DATE REPORTED OUT 10/22/18	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 _____		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).