

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

v 332503

1. ACCESSION NUMBER

V18-22385

2. DATE BLOOD DRAWN

7/23/18

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 OF STABLE/MARKET (Please print or type) Dart Home 201 California St NE ABQ NM ZIP Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 895	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dart Home ZIP Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Southwestern Racetrack Associates 2118 Don Felipe Rd SW ABQ 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>Tony Pickard D.V.M.</i>	11. TYPE OR PRINT SIGNATURE NAME Tony Pickard	12. SIGNATURE DATE 7/23/18
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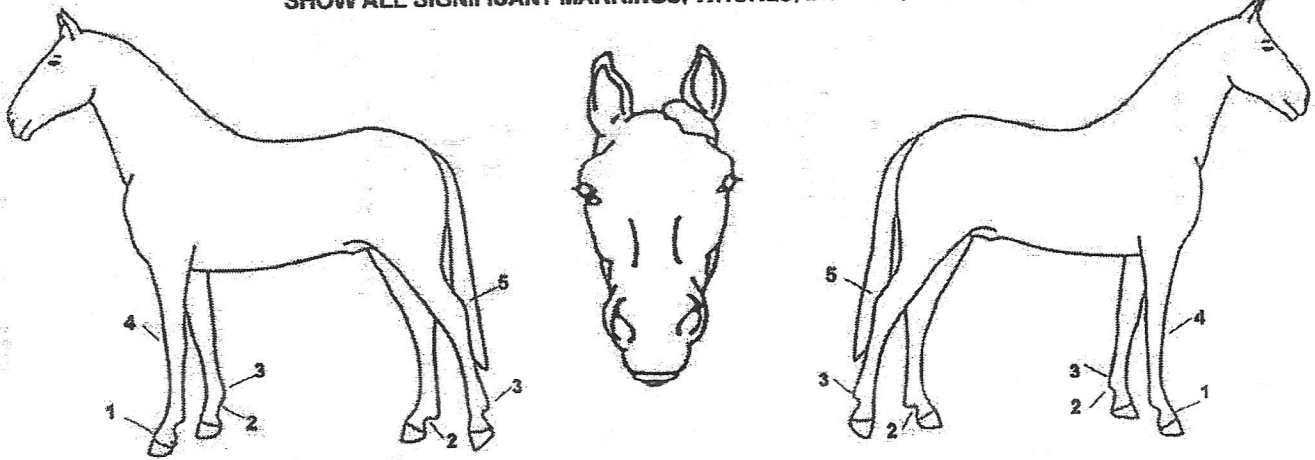
CERTIFICATION OF OWNER OR OWNER'S AGENT

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
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16. Tube No.	17. Official Tag	18. Tattoo/Brand T19517 Steel Drums	19. Name of Horse Steel Drums	20. Color BAY TB	21. Breed	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex G	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

26. HEAD Star	25. OTHER MARKS AND BRANDS —
27. LEFT FORELIMB —	28. RIGHT FORELIMB —
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) 383-0200	32. DATE RECEIVED 7/24/18	33. DATE REPORTED OUT 24 July 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).

LRT B C ILBMS USE