

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

SERIAL NO.

V 332505

1. ACCESSION NUMBER

V18-22387

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

Race

Show First Test

Market Change of Ownership Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Bart Hone
201 California St
ABQ NM

Tel No.

ZIP Code

County

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

875

6. TEST TYPE

ELISA
 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)

Duthwestern Kocotrack Associates
2418 Don Felipe Rd SW
ABQ, NM

Tel No.

ZIP Code

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

Tony Pickard D.V.M.

11. TYPE OR PRINT SIGNATURE NAME

Tony Pickard

12. SIGNATURE DATE

7/23/18

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.

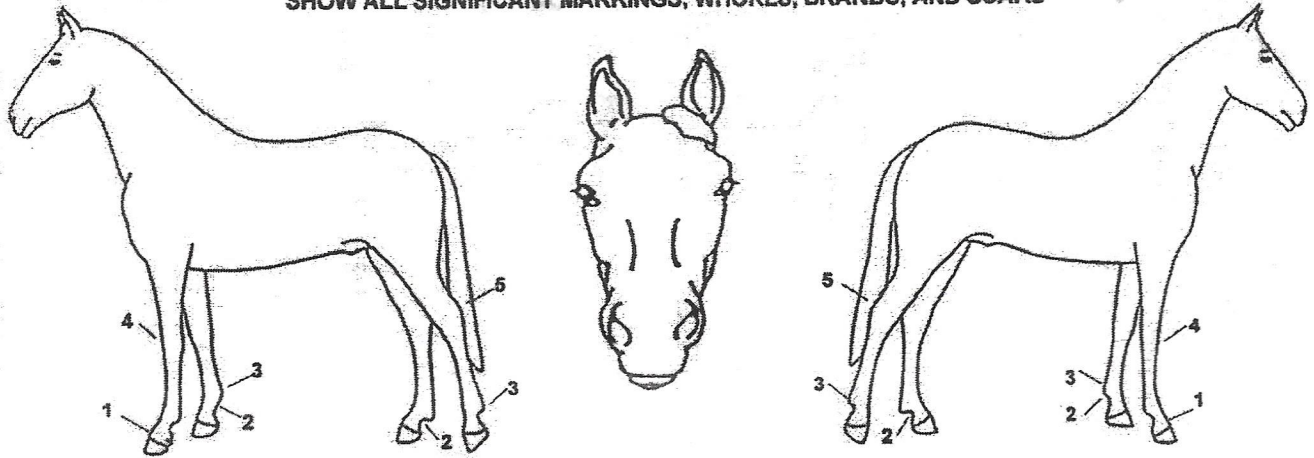
13. SIGNATURE OF OWNER OR OWNER'S AGENT

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
		T19334	Salt Crystal	DK/B	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	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

Left Forelimb: —
Left Hindlimb: Sock
Right Forelimb: Coronet
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) 383-9299	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).

1 RT B C REV 2 CBS