

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 553.16)

SERIAL NO.

v 708279

1. ACCESSION NUMBER

V19-10523

2. DATE BLOOD
DRAWN

3-25-19

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

☐ Market☐ Change of Ownership☒ Show☐ First Test☐ Retest☐ Export4. GEOGRAPHIC INFORMATION
SYSTEMS (GIS)LAT:
LONG:5. VETERINARY LICENSE OR
ACCREDITATION NO.

052716

6. TEST TYPE

☒ ELISA☐ AGID

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

ZIP Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Judge Lanier Racing

3406 US Hwy 60/84

Tribeca NM

ZIP Code 88134

Tel No. 575-355-1822

County De Baca

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Ryan McCallum

1161 Pecos Dr.

Ft Sumner NM

ZIP Code 88119

Tel No. 575-799-7676

County De Baca

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

Ryan McCallum

11. TYPE OR PRINT SIGNATURE NAME

Ryan McCallum

12. SIGNATURE DATE

3-25-19

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.

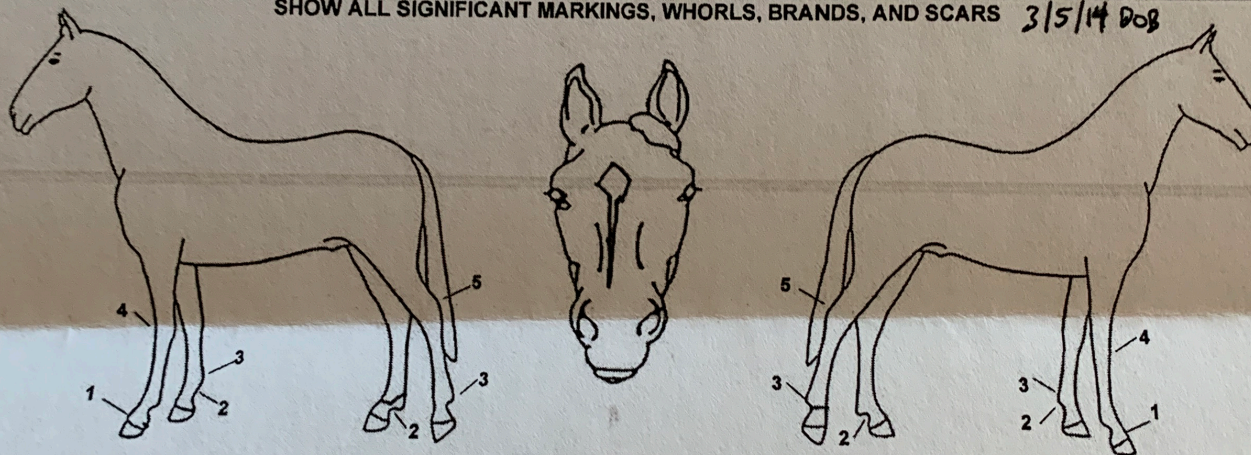
13. SIGNATURE OF OWNER OR OWNER'S AGENT

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
-	-	-	Oh So Regal	Chest.	TB	-	5	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS 3/5/14 DOB



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Star, small stripe

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

fetlock

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

NMCA Veterinary Diagnostic Service
1101 Camino de Salud NE
Albuquerque, New Mexico 87102
(505) 383-9299

32. DATE RECEIVED

3-27-19

33. DATE REPORTED OUT

27 Mar 2019

34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ 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).

VS FORM 10-11 (MARCH 2014) ISSTS C RBAM EBAM