

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

SERIAL NO. **V 844686**  
1. ACCESSION NUMBER **V19-29264**  
2. DATE BLOOD DRAWN **9/19/19**

**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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>Rancho Corazon McElvain</b> <b>Hwy. 408 Gate 838</b> <b>Lemitar, NM 87820</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>771</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Tel No.
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>Rancho Corazon McElvain</b> <b>Hwy. 408 Gate 838</b> <b>Lemitar, NM 87823</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>THE ARK OF SOCORRO</b> <b>Veterinary Clinic</b> <b>P.O. Box 1158</b> <b>Socorro, NM 87801</b>	
Tel No.		Tel No.	

**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>David L Baker</i>	11. TYPE OR PRINT SIGNATURE NAME <b>David L Baker</b>	12. SIGNATURE DATE <b>9/20/19</b>
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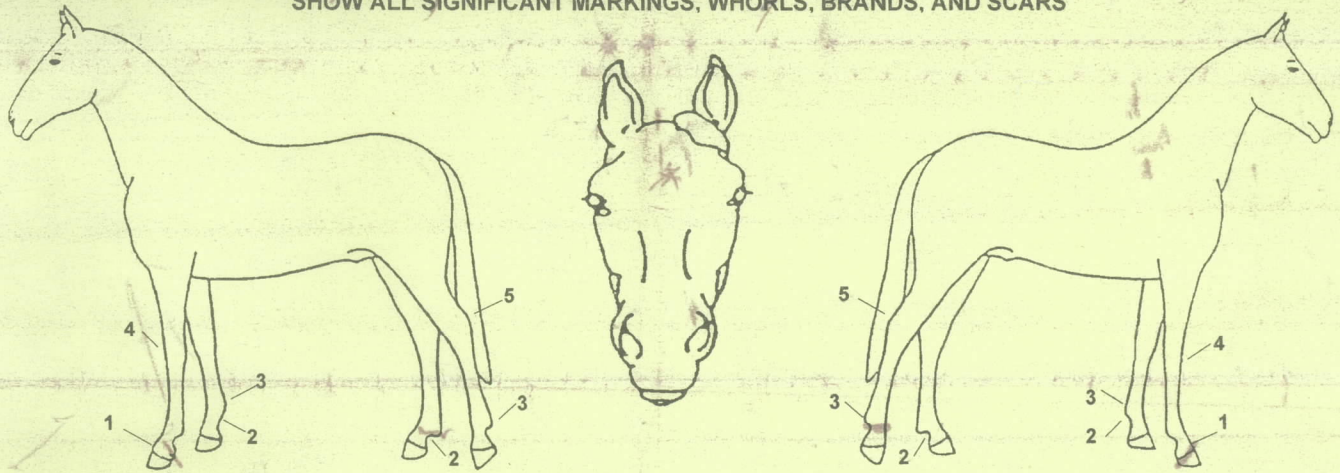
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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	19. Name of Horse <b>Bahooky RC</b>	20. Color <b>Bay Hol</b>	21. Breed	22. Electronic I.D. No.	23. Age or DOB <b>2013 B</b>	24. Sex <b>B</b>	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**

25. HEAD <i>Whorl</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Coronet</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB <i>Fetlock Black spot at coronet</i>

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>NMDA-veterinary Diagnostic Services</b> <b>1101 Camino de Salud NE</b> <b>Albuquerque, New Mexico 87102</b> <b>(505) 383-9299</b>	32. DATE RECEIVED <b>09/11/2019</b>	33. DATE REPORTED OUT <b>9-13-19</b>	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>S. Cooper</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).