

Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

112

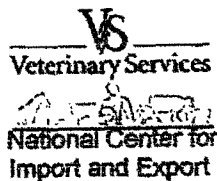
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
Nombre y Dirección del Exportador: 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000306845	Gelding	Paint	60 mo.	brown/white paint	work	NM
985170000311131	Gelding	Quarterhorse	96mo.	Brown	work	NM
985170000346762	Female	Quarterhorse	24mo.	sorrel, strip 4 socks, spots	work	NM
985170000312929	male	Quarterhorse	36mo.	on belly black, star r/h sock	work	NM
985170000373778	gelding	Quarterhorse	48mo.	Bay, strip 2 hind socks	work	NM
985170000335830	female	Quarterhorse	96mo.	Dapple gray	work	NM
985170000334263	Gelding	Quarterhorse	24mo.	Sorrel, strip 2 hind socks	work	NM





Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

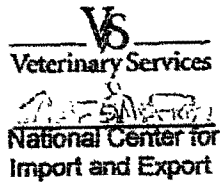
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
Nombre y Dirección del Exportador: 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000333199	female	Quarerhorse	36mo.	Dun,strip	work	NM
985170000332428	Male	Quarterhorse	84mo.	Sorrel,strip -N 1/s Y G 1/h	snip work	NM
985170000366908	Female	Paint	36mo.	Paint	work	NM
985170000312570	Female	Quarterhorse	36mo.	Bay,star 1/h sock	work	NM
985170000332868	Female	Quarterhorse	60mo.	gray, snip 2 hind socks	work	NM
985170000312791	Female	Paint	84mo.	Brown/white paint	work	NM
985170000370204	Male	Quarterhorse	60mo.	red roan,strip 1f,rf,rh socks	work	NM



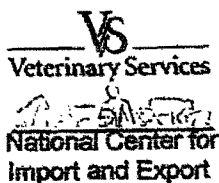
Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Río Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age / <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000347847	Female	Quarterhorse	36mo.	Dun, strip 4 socks	work	NM
985170000366530	Male	paint	48mo.	brown/white paint, blue eyes	work	NM
985170000311051	Gelding	Quarterhorse	36mo.	chestnut star	work	NM
985170000373328	Gelding	Appaloosa	84mo.	Leopard App	work	NM
985170000474736	Gelding	Quarterhorse	48mo.	Black l/h sock	work	NM
985170000382344	Gelding	Appaloosa	108mo.	Leopard App	work	NM
985170000357787	Female	Paint	72mo.	black/white paint	work	NM



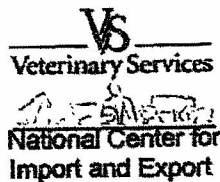
Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

For horses originating from the States without diagnosed CEM  
*Para caballos de estados sin casos diagnosticados de MCE*

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000376997	Gelding	Paint	48mo.	brown/white paint	work	NM
985170000516765	Female	Quarterhorse	96mo.	brown 2 hind socks	work	NM
985170000513621	gelding	Paint	120mo.	brown/white paint -N1/s	work	NM
985170000473274	Female	Quarterhorse	36mo.	U <sup>1</sup> 1/h gray, star	work	NM
985170000312938	Female	Quarterhorse	48mo.	Bay	work	NM
985170000339022	Female	Quarterhorse	60mo.	Sorrel strip	work	NM
985170000342989	Female	Paint	48mo.	brown/white Paint	work	NM



Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

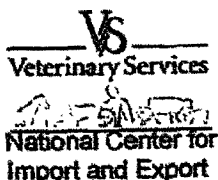
612

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age/ <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
985170000370360	Gelding	Quarterhorse	84mo.	Dapple gray	work	NM
985170000365591	Gelding	Paint	48mo.	Palomino Paint	work	NM
985170000371214	Gelding	Quarterhorse	36mo.	sorrel, blaze r/f sock	work	NM
985170000372765	Gelding	Quarterhorse	84mo.	gray, snip	work	NM
985170000333714	Gelding	Paint	48mo.	red/white paint	work	NM
985170000339100	Gelding	Quarterhorse	132mo.	Bay, strip r/h sock	work	NM
985170000349361	Gelding	Quarterhorse	48mo.	Palomino, star /j2 1/s	work	NM



Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000331544	Female	Quarterhorse	96mo.	Bay, strip 1/f 1/h, r/h socks	work	NM
985170000516794	Gelding	Quarterhorse	48mo.	Sorrel, strip 4 socks	work	NM
985170000517593	Female	Quarterhorse	48mo.	Dun, star	work	NM
985170000349252	Female	Quarterhorse	60mo.	Gray, snip	work	NM
985170000313353	Female	Quarterhorse	36mo.	Gray, § 1/h	work	NM
985170000370133	Gelding	Quarterhorse	120mo.	Black, strip 4 socks	work	NM
985170000369649	Gelding	Quarterhorse	60mo.	Buckskin, star	work	NM



Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Río Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000312364	Female	Quarterhorse	96mo.	Black, r/h sock	work	NM
985170000329388	Gelding	Paint	84mo.	Brown/white Paint	work	NM
985170000313636	Gelding	Paint	36mo.	Brown/white Paint	work	NM
985170000367767	Gelding	Quarterhorse	36mo.	Grulla	work	NM
985170000312476	Gelding	Quarterhorse	48mo.	Bay	work	NM
985170000352881	Gelding	Quarterhorse	48mo.	Sorrel, star 1/h sock	work	NM
985170000333154	Gelding	Quarterhorse	48mo.	Bay, 1/h sock	work	NM





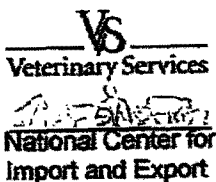
Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
Nombre y Dirección del Exportador: 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000369531	Gelding	Quarterhorse	36mo.	Sorrel, strip snip, 2 hind socks	work	NM
985170000333358	Female	Quarterhorse	60mo.	Roan, strip 4 socks	work	NM
985170000344383	Gelding	Quarterhorse	60mo.	Bay, star r/h sock	work	NM
985170000333472	Gelding	Paint	48mo.	Bay Paint	work	NM
985170000368540	Gelding	Paint	72mo.	Black/white Paint	work	NM
985170000347035	Female	Quarterhorse	60mo.	Blue roan, star 1/f r/f r/h sock	work	NM
985170000368677	Female	Quarterhorse	24mo.	1/h Buckskin, star snip, 1/h sock	work	NM



Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

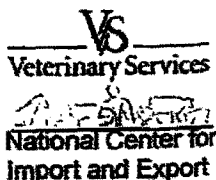
12

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age/ <i>Edad</i>	Color and marks/Color y <i>marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
985170000336051	Gelding	Quarterhorse	72mo.	Dun, star G 1/h	work	NM
985170000345160	Gelding	Quarterhorse	36mo.	Chestnut, star snip, 1/hr/hsock	work	NM
985170000313470	Male	Quarterhorse	72mo.	Gray, snip 1/h sock	work	NM
985170000364162	Gelding	Appaloosa	60mo.	Gray, 1/f 1/h r/f coronet	work	NM
985170000372323	Female	Quarterhorse	36mo.	gray, strip	work	NM
985170000328687	Gelding	Quarterhorse	24mo.	Bay, star, snip r/h sock	work	NM
985170000341330	Male	Paint	60mo.	Black/white Paint	work	NM



Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

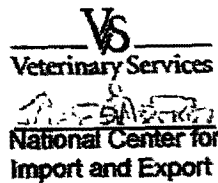
62

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000348343	Female	Quarterhorse	60mo.	Gray, star strip, snip	work	NM
985170000368204	Gelding	Quarterhorse	108mo.	Sorrel, strip 1/h sock	work	NM
985170000366832	Female	Quarterhorse	60mo.	Black, 1/h sock + 1/h	work	NM
985170000352143	Gelding	Quarterhorse	24mo	Bay, strip	work	NM
985170000367986	Gelding	Quarterhorse	36mo.	Sorrel	work	NM
985170000306269	Female	Quarterhorse	36mo.	Sorrell, strip 4 socks	work	NM
985170000306043	Gelding	Quarterhorse	36mo.	Gray, r/fr/h 1/h socks	work	NM



Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

PA

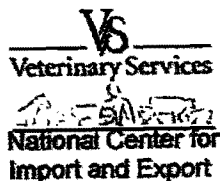
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

- 1. Name and Address of Exporter:** Dennis Chavez  
**Nombre y Dirección del Exportador:** 24 Dallies Rd.  
Los Lunas, NM 87031
- 2. Name and Address of Importer:** Orozco Importaciones de RL de CV  
**Nombre y Dirección del Importador:** Río Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
- 3. Identification of the animals to be exported / Identificación de los animales a ser exportados.**

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000368296	Gelding	Quarterhorse	84 mo.	Bay, strip 1/f 1/h r/h	work	NM
985170000345161	Gelding	Quarterhorse	72mo.	socks Bay, star, 2 hind socks	work	NM
985170000346415	Female	Quarterhorse	96mo.	Brown, star 1/h r/f r/h	work	NM
985170000345314	Female	Paint	24mo.	socks brown/white Paint 10 1/j	work	NM
985170000333360	Male	Quarterhorse	36mo.	xx 1/h blue eyes sorrel, strip	work	NM
985170000346480	Gelding	Quarterhorse	84mo.	Cremello, 2 blue eyes	work	NM
985170000367637	Gelding	Appaloosa	120mo.	gray, star 2 hind coronets	work	NM



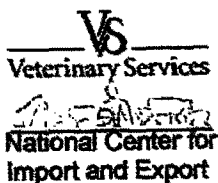
Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000332963	Gelding	Quarterhorse	84mo.	Red Roan strip 1/h sock	work	NM
985170000345746	Gelding	Quarterhorse	120mo	Sorrel, blaze 4 socks	work	NM
985170000344865	Gelding	Quarterhorse	96mo.	Red Roan star 4 socks	work	NM
985170000367533	Female	Quarterhorse	36mo.	Red Roan star 1/f sock	work	NM
985170000368046	Gelding	Quarterhorse	48mo.	Sorrel strip 1/h r/f sock	work	NM
985170000368518	Gelding	Paint	60mo.	gray/white paint left blue eye	work	NM
985170000367913	Gelding	Quarterhorse	72mo.	Bay	work	NM



Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

112

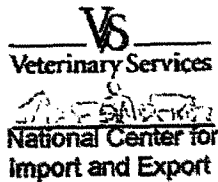
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Río Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000343357	Gelding	Quarterhorse	144mo.	Roan strip 2 hind socks	work	NM
985170000336494	Female	Quareterhorse	48mo.	Bay star	work	NM
985170000331834	Gelding	Quarterhorse	36mo.	Gray	work	NM
985170000345464	Female	Quarterhorse	36mo.	Roan strip 2 hind socks	work	NM
985170000374584	Gelding	Paint	48mo.	brown/white Paint	work	NM
985170000352758	Gelding	Quarterhorse	72mo.	Buckskin strip 4 socks	work	NM
985170000345065	Gelding	Quarterhorse	48mo.	Buckskin star 4 socks	work	NM





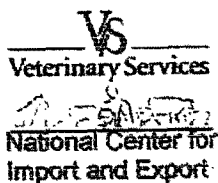
Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

For horses originating from the States without diagnosed CEM  
*Para caballos de estados sin casos diagnosticados de MCE*

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000666676	Gelding	Paint	48mo.	brown/white Paint <sup>B</sup> r/s	work	NM
985170000665986	Gelding	AppaloosaX	48mo.	Appaloosa/ paint	work	NM
985170000666250	Female	Quarterhorse	96mo.	Bay white marks nose	work	NM
985170000665971	Female	Paint	48mo.	Roan paint 9X 1/h 11 1/f	work	NM
985170000656794	Gelding	Quarterhorse	48mo.	Roan star N26 1/h T / r/h	work	NM
985170000652296	Gelding	Quarterhorse	48mo.	Sorrell star 1/h sock <sup>12</sup> 1/s	work	NM
985170000656455	Gelding	Quarterhorse	48mo	Palomino strip 1/f 1/h r/f sock	work	NM



Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Río Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000655398	Female	Quarterhorse	24mo.	Roan star snip 2 hind	socks work	NM
985170000636560	Female	Quarterhorse	72mo.	Bay	Work	NM



Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

110

### **CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States  
*Los animales son originarios de los Estados Unidos.*
2. The animals are individually identified indicating: color, sex, breed, age, marks or tattoo or microchip.  
*Identificación individual de los animales, señalando color, sexo, raza, edad y marcas (reseña), o tatuaje o microchip.*
3. The animals remained in the United States during the 60 days prior to export.  
*Los animales permanecieron en los Estados Unidos durante 60 días previos a la exportación.*
4. The animals were inspected at the farm of origin and were found free of reportable diseases; the animals have not been exposed to reportable diseases during the 60 days prior to export.  
*Los animales fueron inspeccionados en el lugar de origen y encontrados libres de enfermedades de notificación obligatoria y no fueron expuestos a ellas durante los 60 días previos a la exportación.*
5. The animals are free of ectoparasites or were treated against ectoparasites. (Indicate the date and name of the product).  
*Que se encuentran libres de ectoparásitos o que recibieron un tratamiento, indicando fecha y el producto utilizado.*  
The animals are free of ectoparasites
6. At the farm origin and in adjacent farms, there have been no cases of dourine, Venezuelan equine encephalitis, vesicular stomatitis, epizootic lymphangitis, ulcerative lymphangitis, glanders, piroplasmosis, and surra during 60 days prior to export.  
*Que durante los 60 días previos a la exportación, en las instalaciones de origen como en las instalaciones vecinas no se han presentado casos de: Durina, Encefalitis equina venezolana, Estomatitis vesicular, Linfangitis epizootica, Linfangitis ulcerativa, Muermo, Piroplasmosis equina y surra.*
7. Within 60 days prior to export, the animals were tested with negative results, for the following diseases. The laboratory samples were taken under the supervision of a USDA accredited veterinarian.  
*Que los animales fueron sometidos a las siguientes pruebas, con resultados negativos, dentro de los 60 días previos a la fecha de exportación. Las muestras fueron colectadas bajo supervisión de un Médico Veterinario Acreditado por el USDA.*



**Vs**  
Veterinary Services  
National Center for  
Import and Export

Health Certificate No. NM-10273  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Equine infectious anemia: AGID test (Coggins test) or ELISA.

(Indicate the name of the official laboratory and the date the samples were obtained).

*Anemia infecciosa equina: agar gel inmunodifusión (AGID o prueba de Coggins) o ELISA. (Señale el nombre del laboratorio oficial y la fecha de la obtención de la muestra.)*

Albuquerque Coggins Lab- 6/13/10 ELISA

Note: Horses in this shipment were not positive to testing for CEM in the USDA APHIS control-surveillance program.

*Nota: Los caballos en este embarque no obtuvieron pruebas positivas a MCE en el control-vigilancia que mantiene Estados Unidos.*

8. Horses have not been on premises infected with CEM and are not epidemiologically linked to infected premises or animals diagnosed with CEM, during the 12 months prior to export.  
*Que durante los 12 meses previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales afectados.*

9. The animals are transported in containers and/or vehicles that were cleaned and disinfected prior to embarkation. During transportation the horses were not in contact with other animals.  
*Que los vehículos y/o contenedores utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque y los animales a exportar no estuvieron en contacto con otros animales durante el traslado.*

Inspection date / Fecha de inspección 6/13/10

C.Y. Brasmer, DVM  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario*  
*Acreditado*

(b)(6) 6/16/10  
Signature of Accredited Veterinarian (Date)  
*Firma del Médico Veterinario Acreditado*  
*(Fecha)*

USDA, APHIS, Veterinary Services  
6200 Jefferson St., NE, Suite 117  
Albuquerque, New Mexico 87109

Name of Endorsing Federal  
Veterinarian Paul Sciglibaglio D.V.M.  
*Nombre del Médico Veterinario*  
*Federal que endosa.* Area Veterinarian  
in Charge, NM

(b)(6)  
Date Endorsed and Signature of  
Endorsing Federal Veterinarian  
*Fecha de endoso y firma del Médico*

Date: 06-16-2010

Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).



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

SERIAL NO.

Q0679201

1. ACCESSION NUMBER

ACT 12491

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM 87120	
Tel No. County		Tel No. (505) 610-4711 County	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

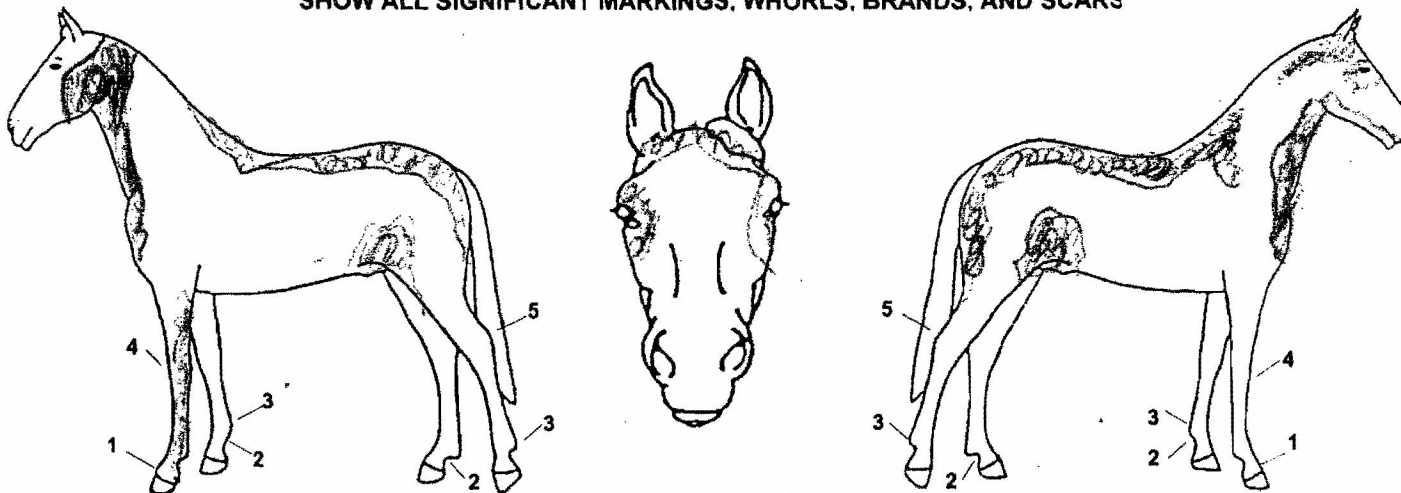
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Bra	19. ID No. 985170000306845	20. Breed Paint	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 5	24. Sex G

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Paint	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		36. REMARKS	

Falsification of this form or knowingly using a false information 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)		SERIAL NO. <b>0679202</b>	1. ACCESSION NUMBER ACCL. <b>12492</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
---	--	------------------------------	---	---------------------------------------

**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"/> Show <input type="checkbox"/> Retest <input checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  _____ _____ _____ Tel No. _____ Zip Code _____ County _____	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO.  <b>1167</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b> Zip Code <b>87120</b> County <b>BERNARD</b>
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b> Zip Code _____ Tel No. _____ County <b>NM.</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b> Zip Code <b>87120</b> County <b>BERNARD</b>	

**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 <div style="background-color: black; width: 100px; height: 40px; margin: 5px 0;"></div>		11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>	12. SIGNATURE DATE <b>6/13/10</b>
---	--	--	--------------------------------------

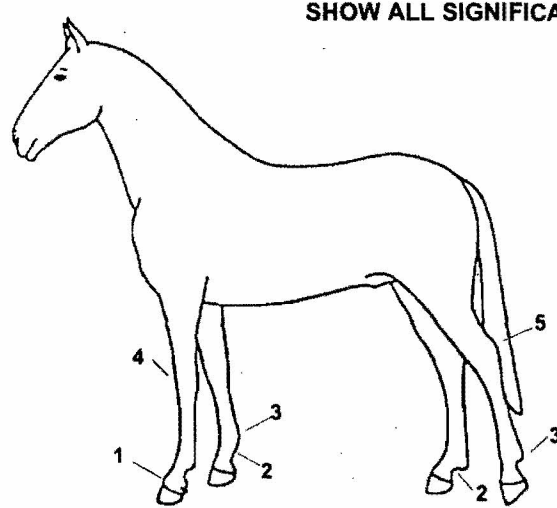

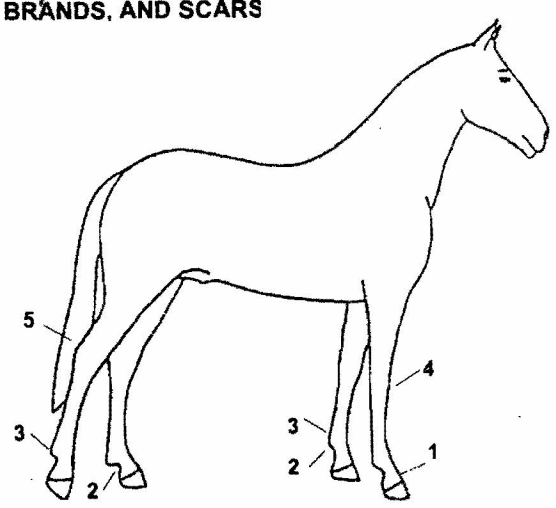
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 <div style="background-color: black; width: 100px; height: 40px; margin: 5px 0;"></div>		14. TYPE OR PRINT SIGNATURE NAME   	15. SIGNATURE DATE   
--	--	--	--------------------------------

16. Tube No.	Official Tag	18. Tattoo/Brand	<b>985170000311131</b> 	20. Color <b>White</b>	21. Breed <b>QH</b>	22. Electronic I.D. No.	23. Age or DOB <b>8</b>	24. Sex <b>6</b>	M - Male F - Female G - Gelding N - Neuter
--------------	--------------	------------------	---	---------------------------	------------------------	-------------------------	----------------------------	---------------------	---

**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  

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <div style="background-color: black; width: 100px; height: 40px; margin: 5px 0;"></div>		35. 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).



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

SERIAL NO.

0679203

1. ACCESSION NUMBER

AC 12493

2. DATE BLOOD  
DRAWN

6/15/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 8 S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Zip Code Tel No. County		Zip Code Tel No. County	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

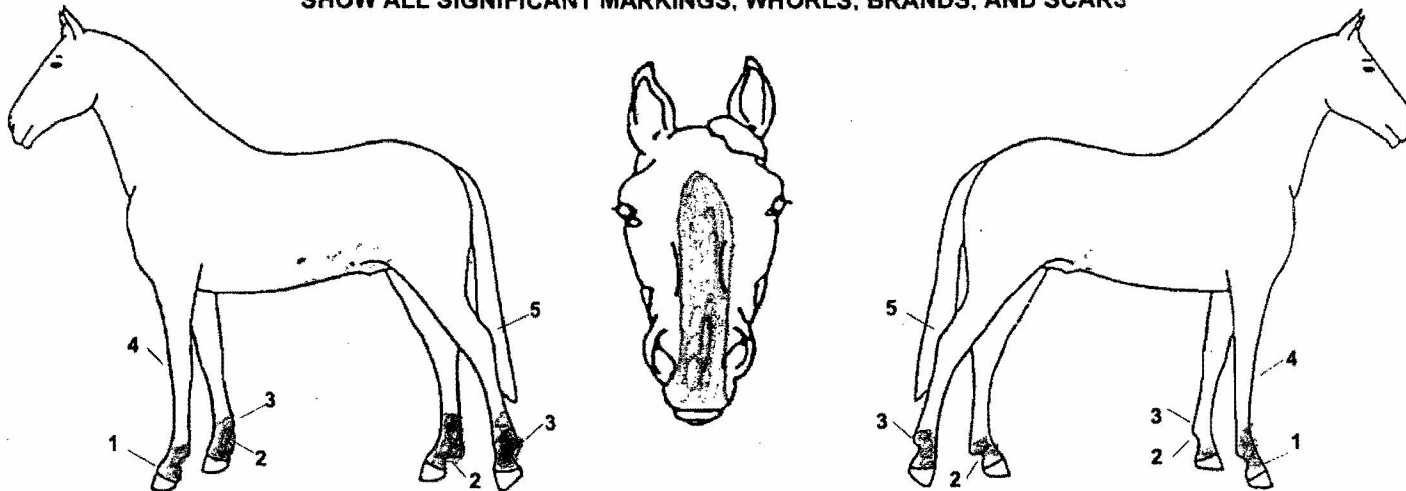
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			985170000346762	Paint	Quarter Horse		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 Strip	26. OTHER MARKS AND BRANDS SPOTS ON BELLY
27. LEFT FORELIMB Such	28. RIGHT FORELIMB Such
29. LEFT HINDLIMB Such	30. RIGHT HINDLIMB Such

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

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

SERIAL NO.

0679204

1. ACCESSION NUMBER

12494

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		N/A. Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.V. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. 87120 (505) 610-4711	
Tel No. County		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.

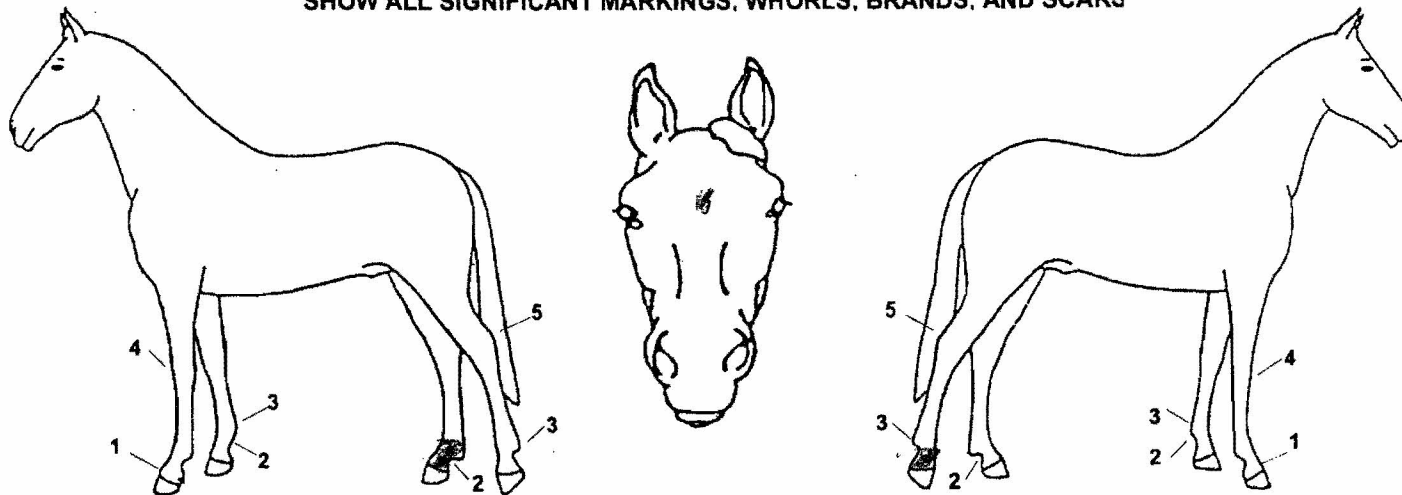
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.V. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	19. 985170000312929	20. Color black	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex M

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

**NARRATIVE DESCRIPTION AND REMARKS**


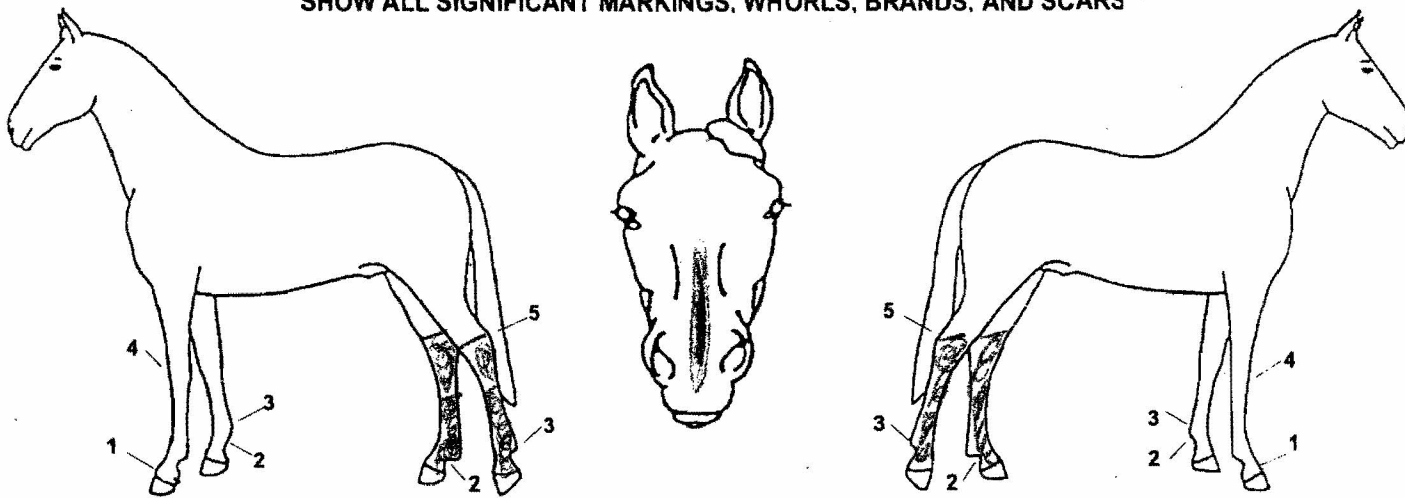
25. HEAD SDR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB SDR

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



<b>U.S. DEPARTMENT OF AGRICULTURE</b> <b>ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b> <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)				SERIAL NO. <b>0679205</b>		1. ACCESSION NUMBER <b>ACL.12495</b>		2. DATE BLOOD DRAWN <b>6/13/10</b>		
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>										
3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export					7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  					
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO.  <b>1167</b>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code  		Tel No.  		
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b># S/W LIVESTOCK AUCTION</b> <b>LOS LUNAS</b> Zip Code Tel No. County <b>N.M.</b>					9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b> Zip Code <b>87120</b> Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>					
<b>CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN</b> 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 <b>(b)(6)</b>					11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>			12. SIGNATURE DATE <b>6/13/10</b>		
<b>CERTIFICATION OF OWNER OR OWNER'S AGENT</b> 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.	Official Tag	18. Tattoo	 <b>985170000373778</b>		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
					<b>Bay</b>	<b>QH</b>		<b>4</b>	<b>6</b>	
<b>SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS</b>										
										
1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock										
<b>NARRATIVE DESCRIPTION AND REMARKS</b>										
25. HEAD <b>Strip</b>					26. OTHER MARKS AND BRANDS  					
27. LEFT FORELIMB  					28. RIGHT FORELIMB  					
29. LEFT HINDLIMB <b>Stocking</b>					30. RIGHT HINDLIMB <b>Stocking</b>					
<b>FOR LABORATORY USE ONLY</b>										
31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>			32. DATE RECEIVED <b>6/13/10</b>		33. DATE REPORTED OUT <b>6/13/10</b>		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA			
			35. SIGNATURE OF TECHNICIAN <b>(b)(6)</b>		35. 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).

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

SERIAL NO.

Q679206

1. ACCESSION NUMBER

AGU 12496

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export <input type="checkbox"/> Retest		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 MONTE PLAZA NW ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

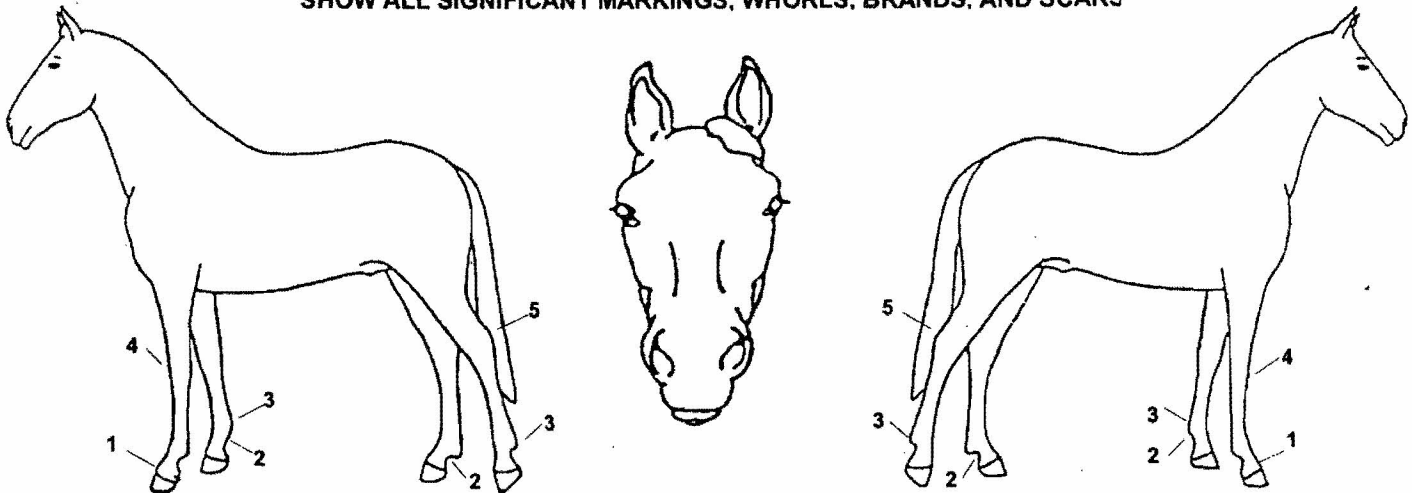
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color Dapple grey	21. Breed Quarter horse	22. Electronic I.D. No.
Barcode: 985170000335830			23. Age or DOB 8	24. Sex F	M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

0679207

1. ACCESSION NUMBER

ACCL 12497

2. DATE BLOOD  
DRAWN

6/13/10

**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.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

6 S/W LIVESTOCK AUCTION

LOS ALAMOS

Zip Code

Tel No.

County

NM

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag

18. Tattoo/Brz



985170000334263

20. Color

Soffel

21. Breed

QH

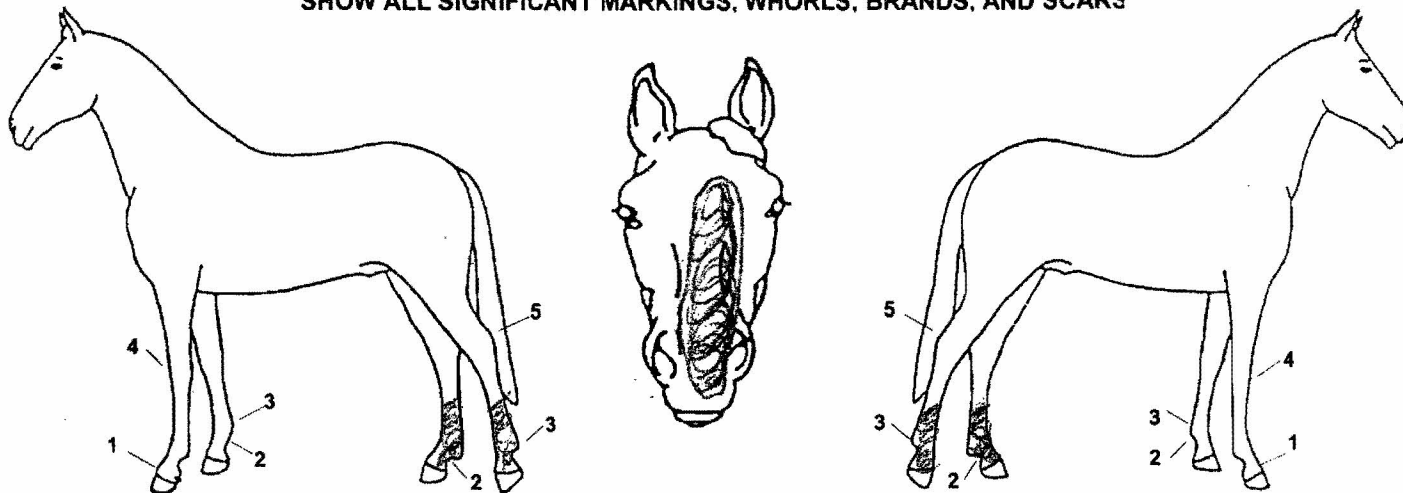
22. Electronic  
I.D. No.23. Age or  
DOB

2

24. Sex

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

Socks

## 30. RIGHT HINDLIMB

Socks

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

Q0679208

1. ACCESSION NUMBER

AOL 12498

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5960 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

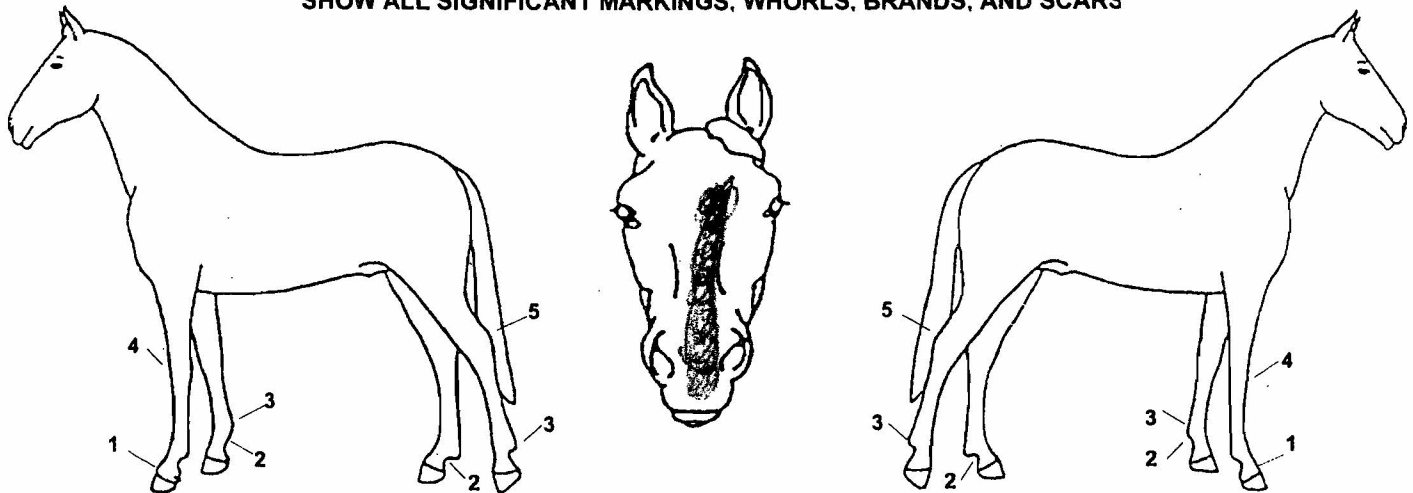
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.
			20	QH	
Barcode: 985170000333199			23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			3	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 Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

00679209

1. ACCESSION NUMBER

ACI 17499

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		N/A. Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505) 610-4711 County	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

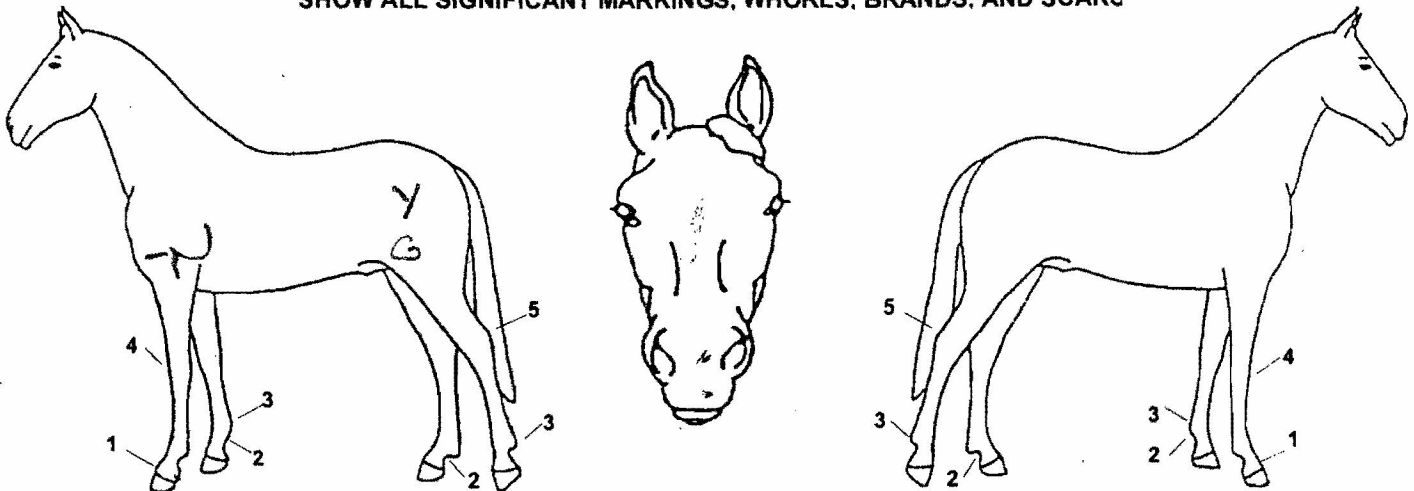
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 6/13/10
--	--	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	19. Barcode 985170000332428	20. Color D/C	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex M

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD STAY, SNIP	26. OTHER MARKS AND BRANDS -N 4/5 Y 4/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

0679210

1. ACCESSION NUMBER

ACT-12500

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 610-4711 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.

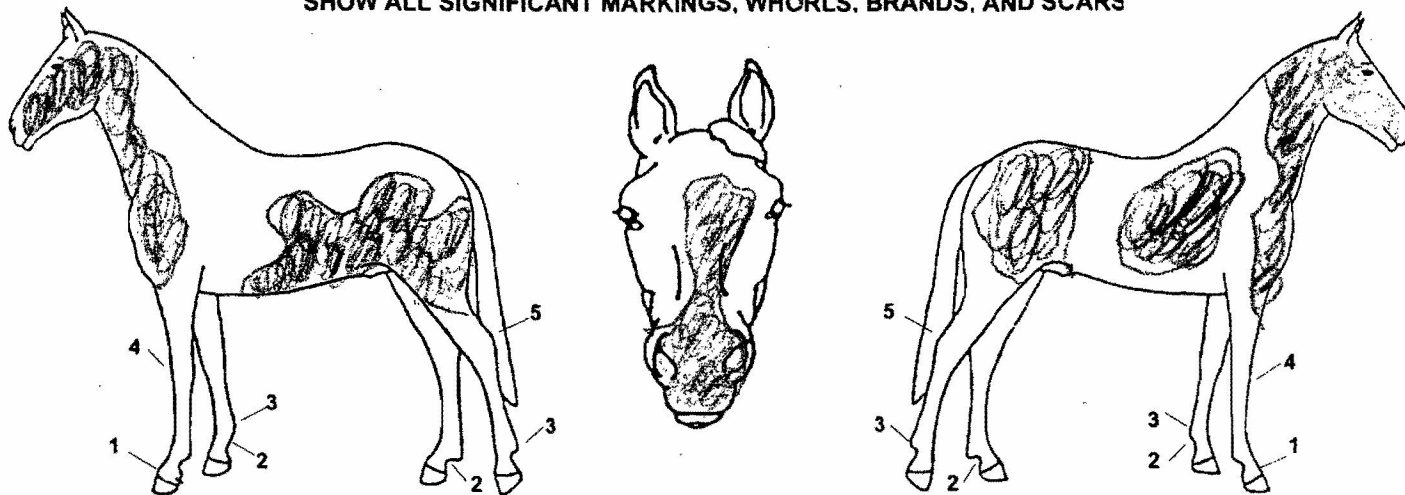
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/I	20. Color Paint	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter

985170000366908

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD POINT	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

Q0679211

1. ACCESSION NUMBER

ACT. 17501

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM.	
Zip Code Tel No. County		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

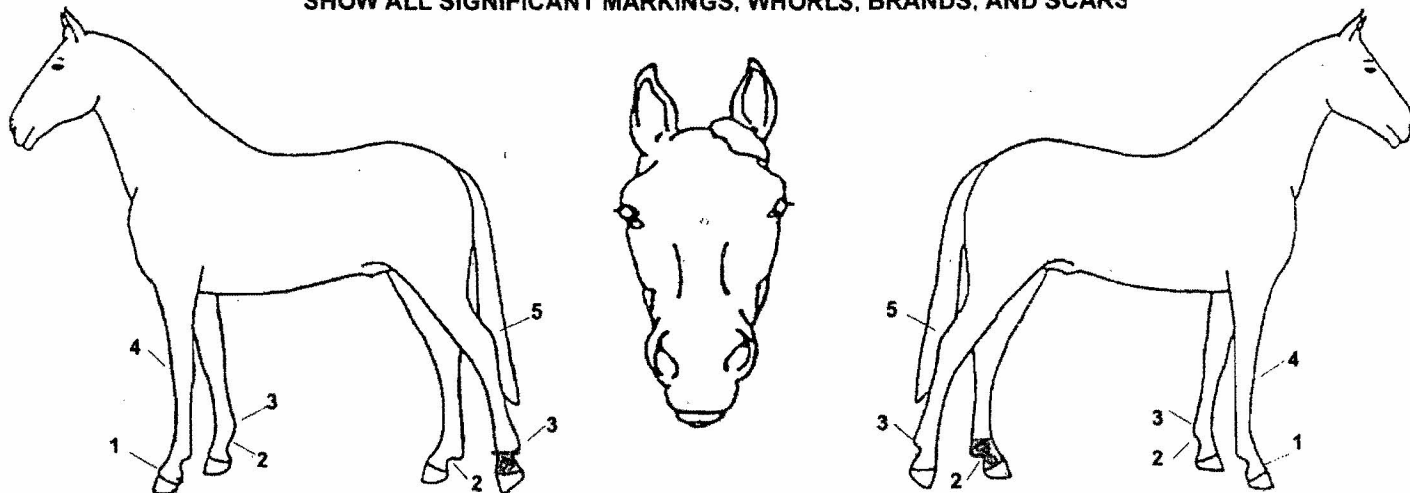
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL (b)(6) ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
---	---	-------------------------------

**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.	Official Tag	18. Tattoo/Br.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985170000312570	Bay	QH		3	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 STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Such	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

0679212

1. ACCESSION NUMBER

ACL. 12502

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

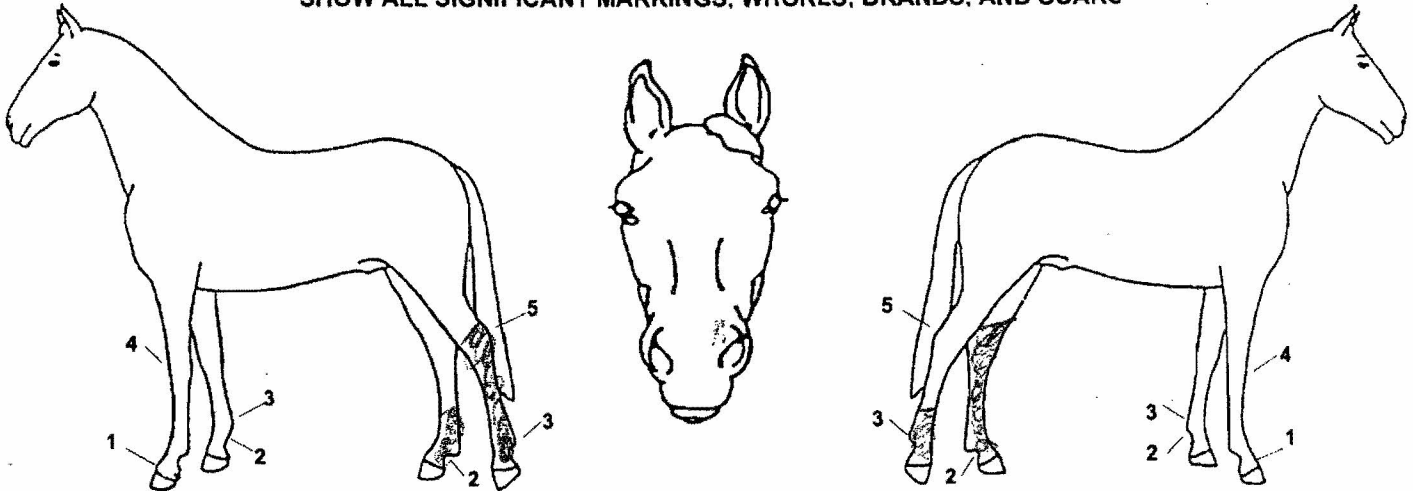
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5	24. Sex F	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sach	30. RIGHT HINDLIMB Sach

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).



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

SERIAL NO.

0679213

1. ACCESSION NUMBER

ACL 12503

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**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.

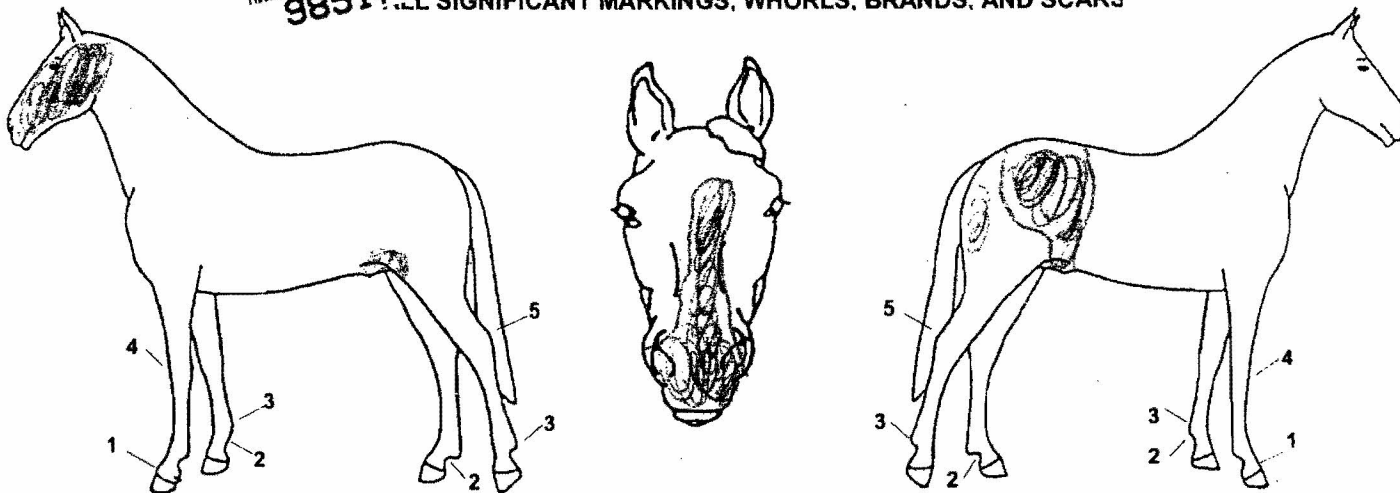
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	19. Barcode 985170000312791	20. Color White Point Brown	21. Breed F	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex F
						M - Male F - Female G - Gelding N - Neuter		

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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

00679214

1. ACCESSION NUMBER

ACL. 12504

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS. Zip Code Tel No. County NM.
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

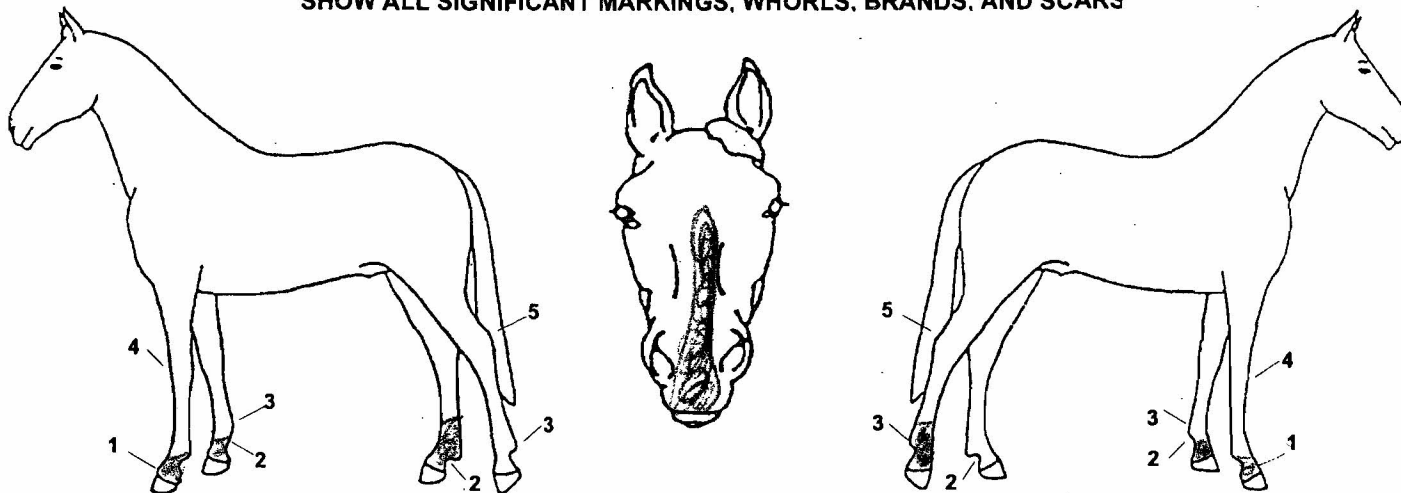
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Bra	19. Barcode 985170000370204	20. Color Red	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 5	24. Sex M
						M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Suck	28. RIGHT FORELIMB Suck
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Suck

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified 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).



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

SERIAL NO.

00679215

1. ACCESSION NUMBER

ACL 17505

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO.  1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) LENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505) 610-4711 County BERNALILLO		

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

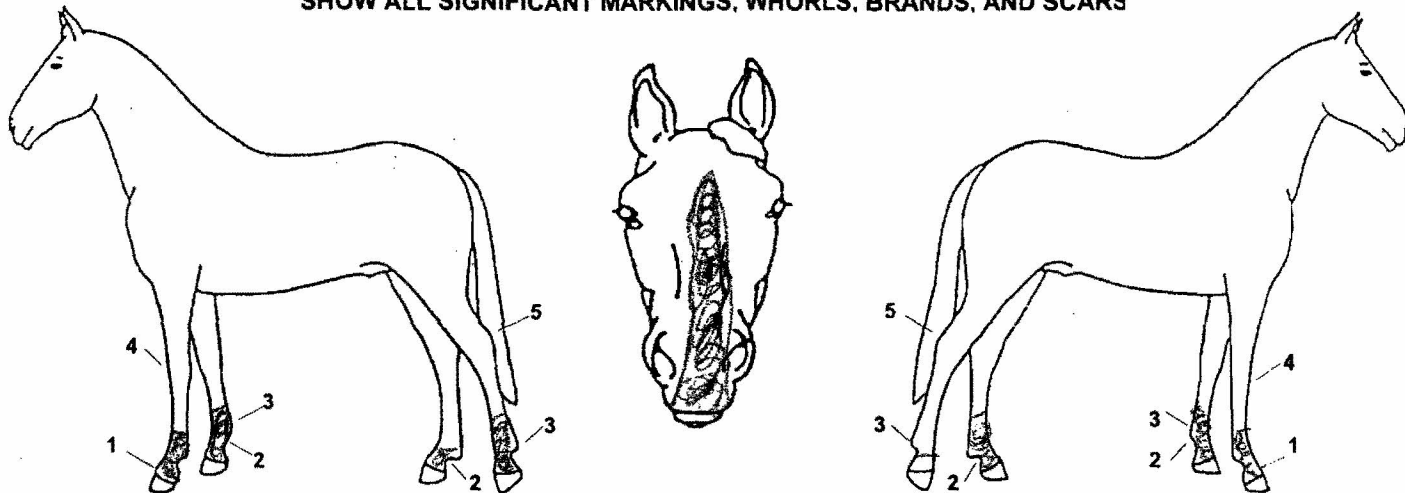
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			985170000347847	Lineback Dark Bay		3	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 Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Suck	28. RIGHT FORELIMB Suck
29. LEFT HINDLIMB Suck	30. RIGHT HINDLIMB Suck

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

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

SERIAL NO.

0679216

1. ACCESSION NUMBER

12506

2. DATE BLOOD  
DRAWN

6/13/10

**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.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

Tel No.

County

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

C.Y. BRASNER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 810-4711

County

BERNARDINO

## 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 FEDERAL (b)(6) VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

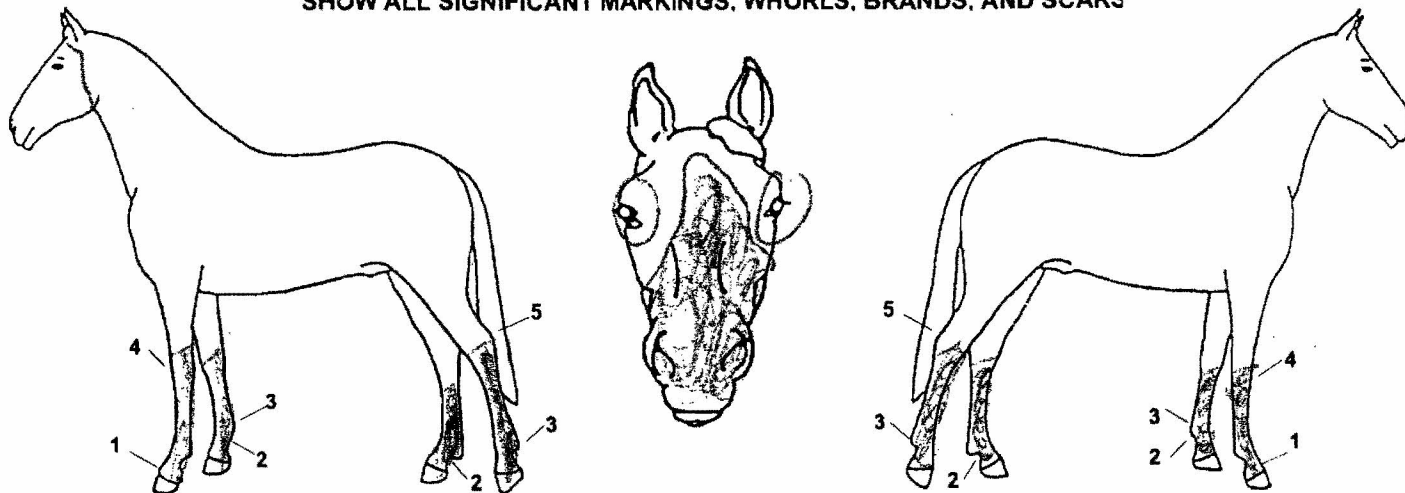
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Br.



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Brown white	Paint		4	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

POINT

## 26. OTHER MARKS AND BRANDS

Blue Eyes

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).



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

SERIAL NO.

Q0679217

1. ACCESSION NUMBER

ACL 12507

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

**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

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

12. SIGNATURE DATE

6/13/10

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

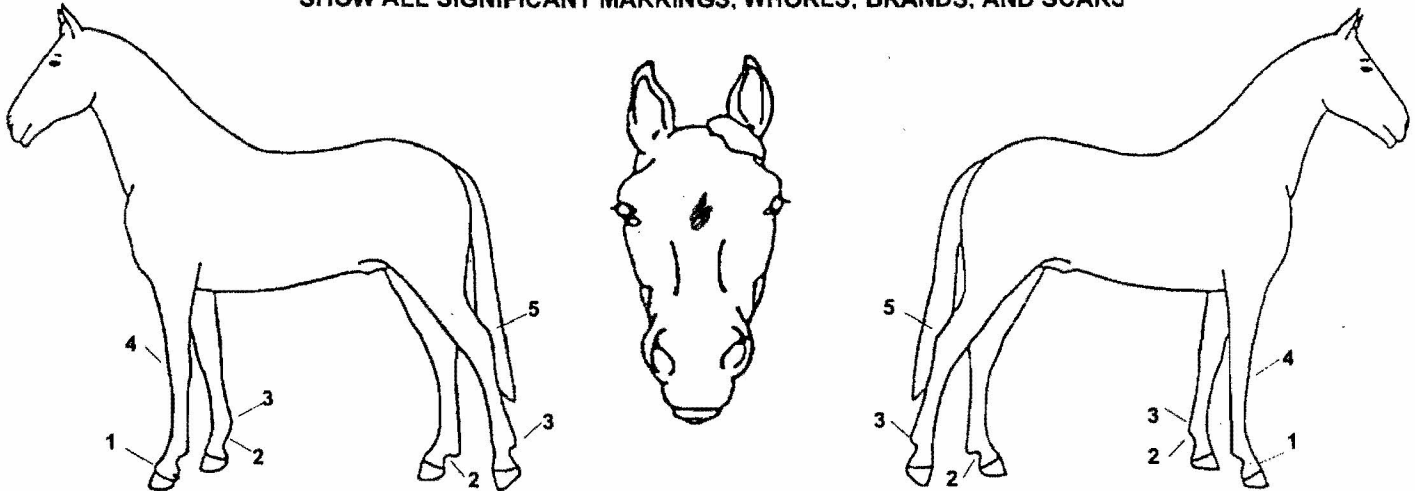
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/BI	Barcode 985170000311051	20. Color choc nut	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex 6	M - Male F - Female G - Gelding N - Neuter
--------------	--------------	---------------	----------------------------	--------------------------	-------------------------------	-------------------------	---------------------	--------------	---

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD

STON

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)			35. REMARKS

Falsification of this form or knowingly using a falsified animal 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).

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

SERIAL NO.

0679218

1. ACCESSION NUMBER

ACT 12508

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code  Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

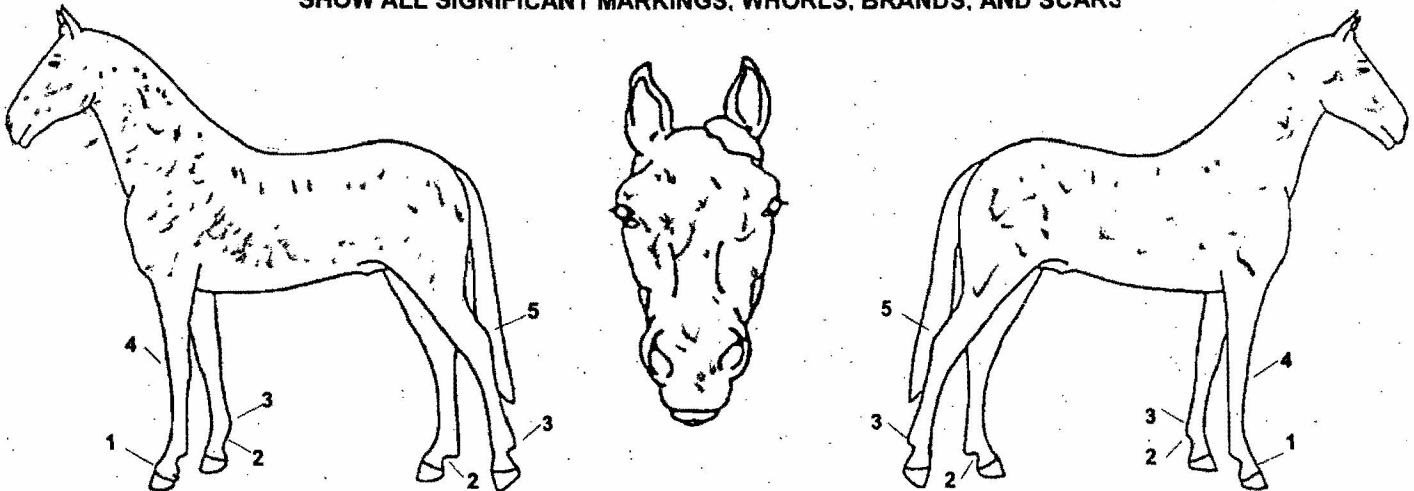
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C. Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	--	-------------------------------

**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.	Official Tag	18. Tattoo	19. Barcode 985170000373328	20. Color LEOP APP	22. Electronic I.D. No. APP	23. Age or DOB 7	24. Sex G	M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

00679219

1. ACCESSION NUMBER

ACT 12504

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code  Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**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 FEDERAL (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

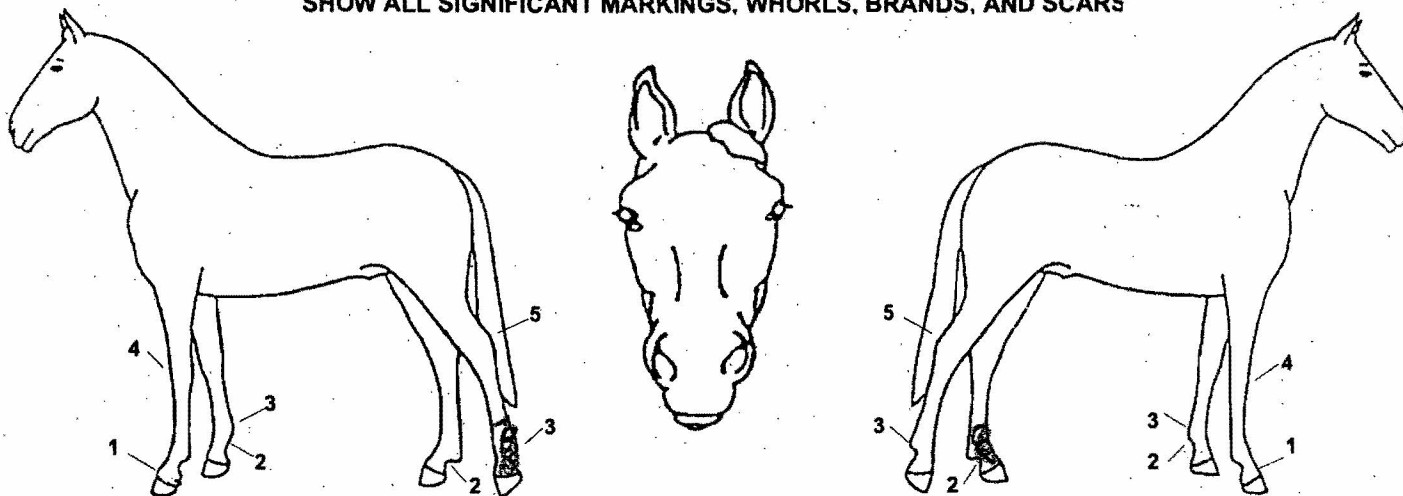
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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.	Official Tag	18. Tattoo/Br	19. Barcode 985170000474736	20. Color Black	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex G

M - Male  
F - Female  
G - Gelding  
N - Neuter

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 Sole	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		36. REMARKS	

Falsification of this form or knowingly using a falsified information 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).

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

SERIAL NO:

0679220

1. ACCESSION NUMBER

ACT 17510

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code  Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

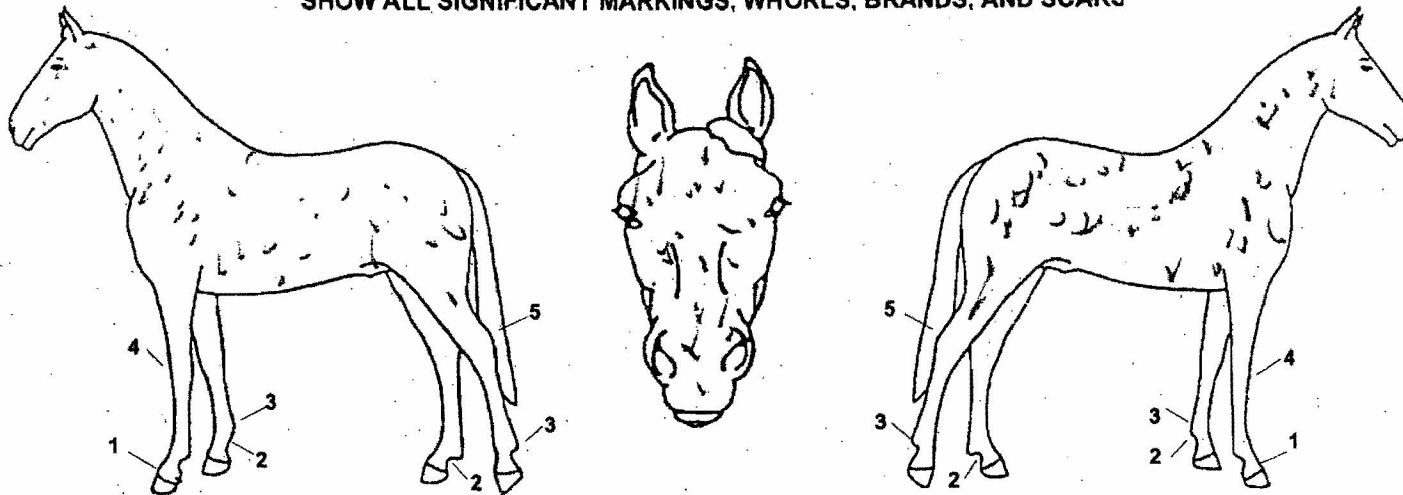
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color cop APP	21. Breed Andalusian	22. Electronic I.D. No.	23. Age or DOB 9	24. Sex 6	M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).



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

SERIAL NO.

Q0679221

1. ACCESSION NUMBER

ACL 12511

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO.  1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ P S/W. LIVESTOCK AUCTION LOS LUNAS, Zip Code Tel No. County No.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO		

**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.

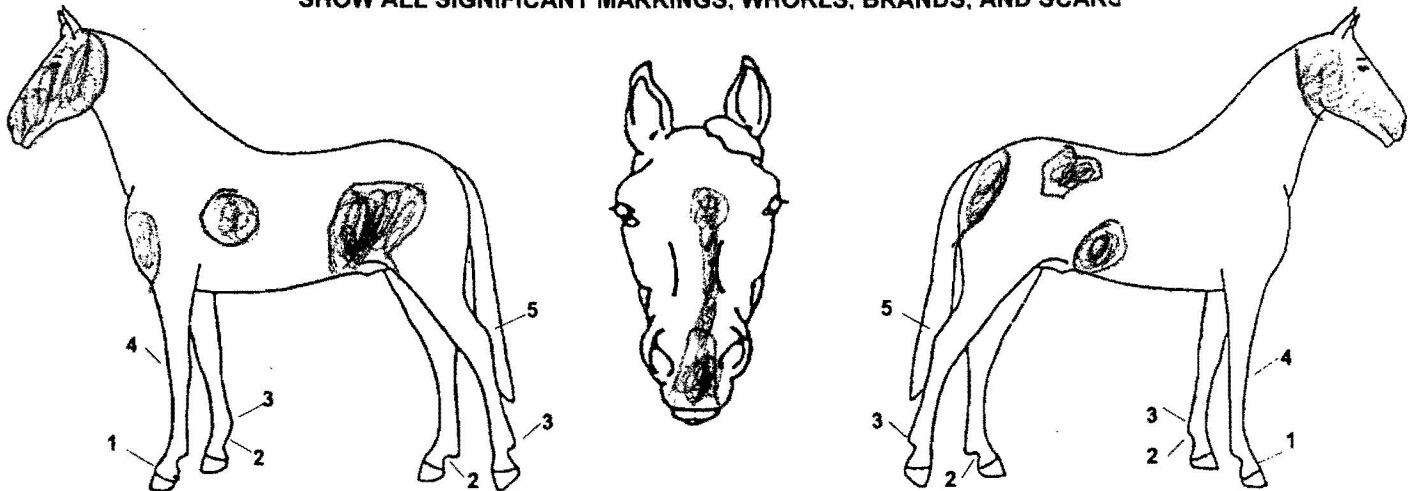
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brar	20. Color Black/White			21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 6	24. Sex F	M - Male F - Female G - Gelding N - Neuter

985170000357787

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Paint	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

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

SERIAL NO.

0679222

1. ACCESSION NUMBER

AC 17512

2. DATE BLOOD

DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**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.

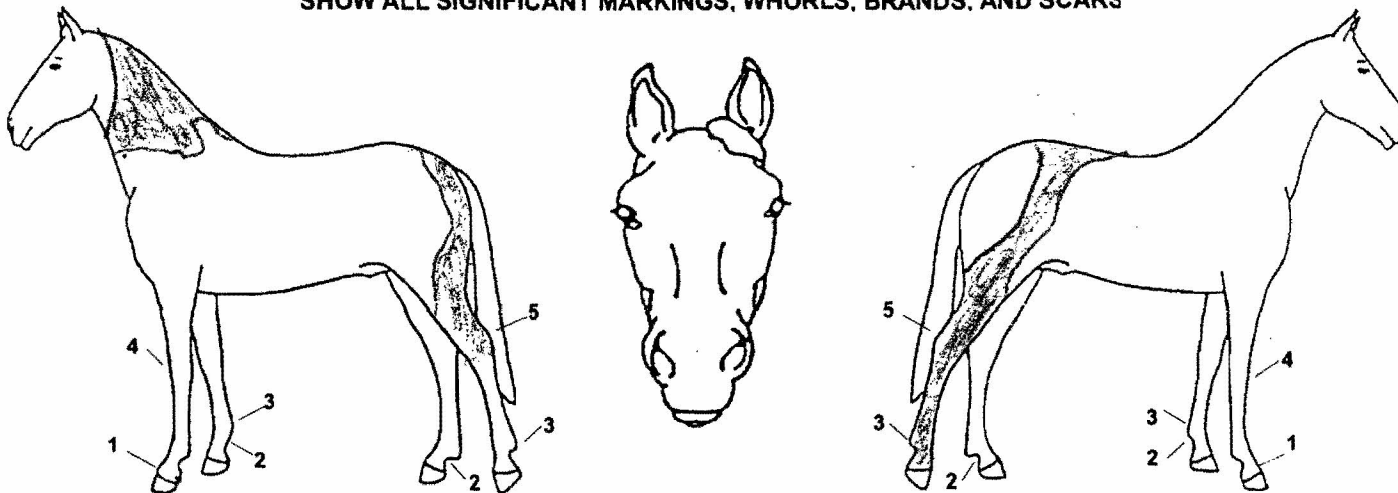
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/E	20. Color White	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex 6	M - Male F - Female G - Gelding N - Neuter

985170000376997

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Point	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679223

1. ACCESSION NUMBER

ACL 12513

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

6 S/W. LIVESTOCK AUCTION

LOS LUNAS

Zip Code

Tel No.

County

NM

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

C.V. BRASHER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

Bernalillo

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.V. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

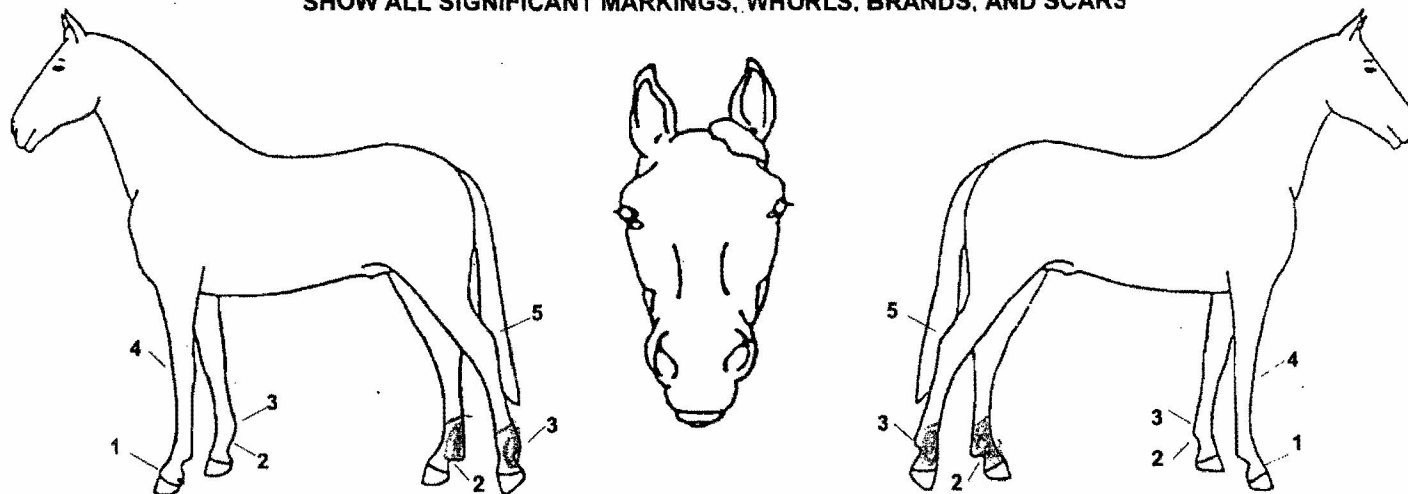
16. Tube No.	Official Tag	18. Tattoo/Brand



985170000516765

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Brown	Quarter horse		8	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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>00579224</b>	1. ACCESSION NUMBER <b>ACL 12514</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
	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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

## 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.

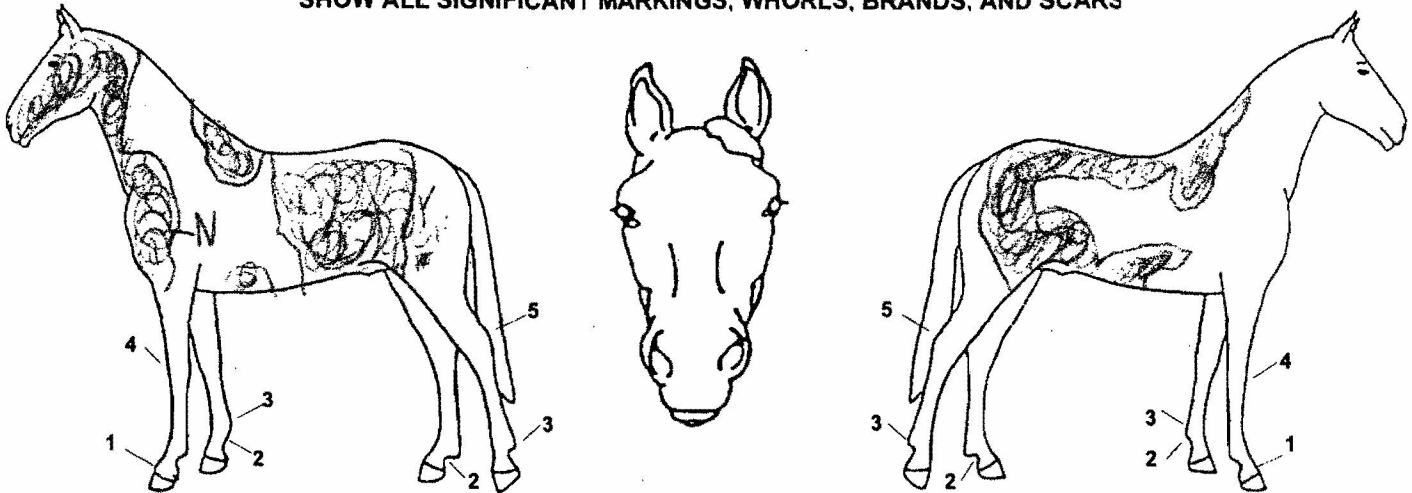
10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
---	---	-------------------------------

## 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.	Official Tag	18. Tattoo/Brand	19. Barcode 985170000513621	20. Color White	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 10	24. Sex G
						M - Male F - Female G - Gelding N - Neuter		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

25. HEAD POINT		26. OTHER MARKS AND BRANDS - N 4/5 U/E 4/1	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)			35. 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).



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

SERIAL NO.

00679225

1. ACCESSION NUMBER

ACL.12515

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:			5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID			Zip Code		
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ to S/W. LIVESTOCK AUCTION. LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.		
Tel No.			Tel No. (505) 610-4711		
County N.M.			County BERNALILLO		

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

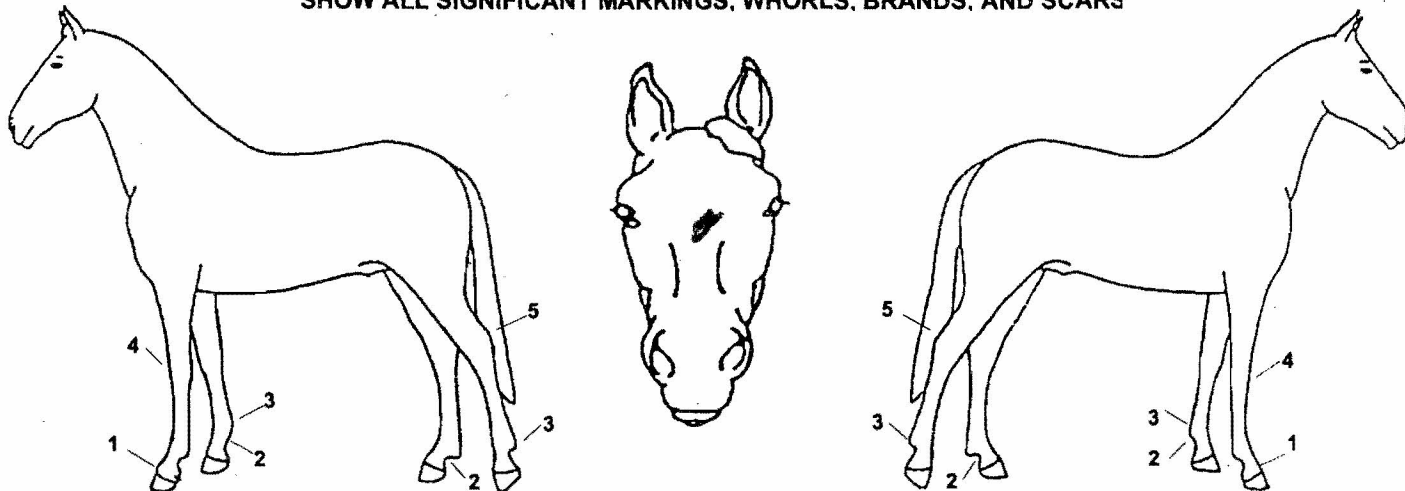
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	19. Barcode 985170000473274	20. Color gray	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F
						M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

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

SERIAL NO.

0679226

1. ACCESSION NUMBER

ACL 12516

2. DATE BLOOD  
DRAWN

6/13/10

**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.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag

18. Tattoo/Br



985170000312938

20. Color

Bay

21. Breed

Quarter Horse

22. Electronic  
I.D. No.23. Age or  
DOB

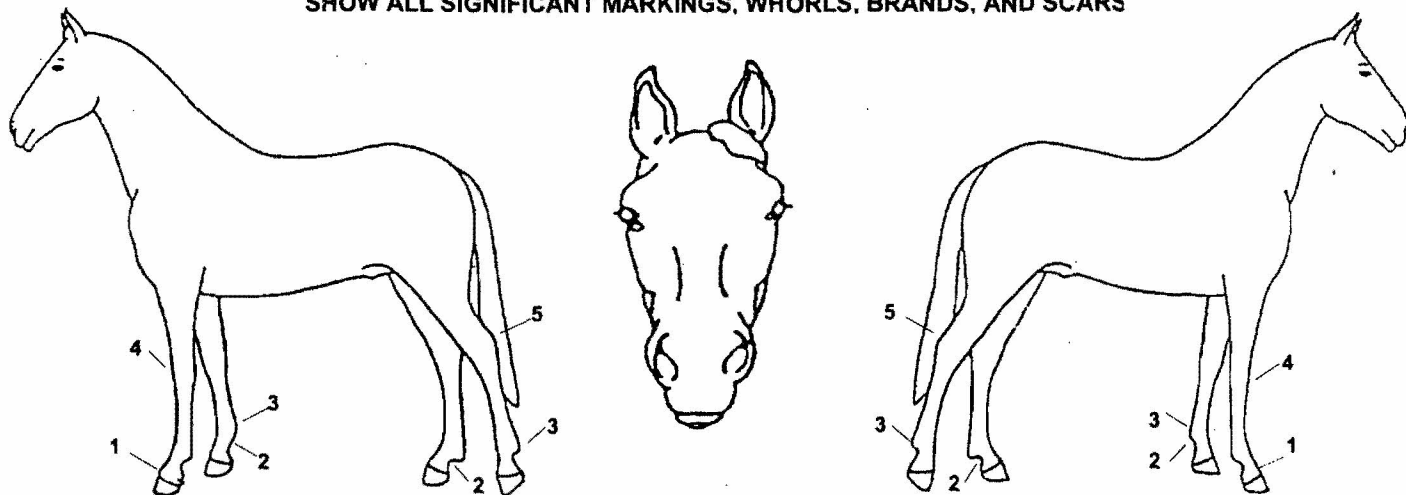
4

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

## 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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).



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

SERIAL NO.

00679227

1. ACCESSION NUMBER

ACL 12517

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ # S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. BRASHER DVM 5000 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

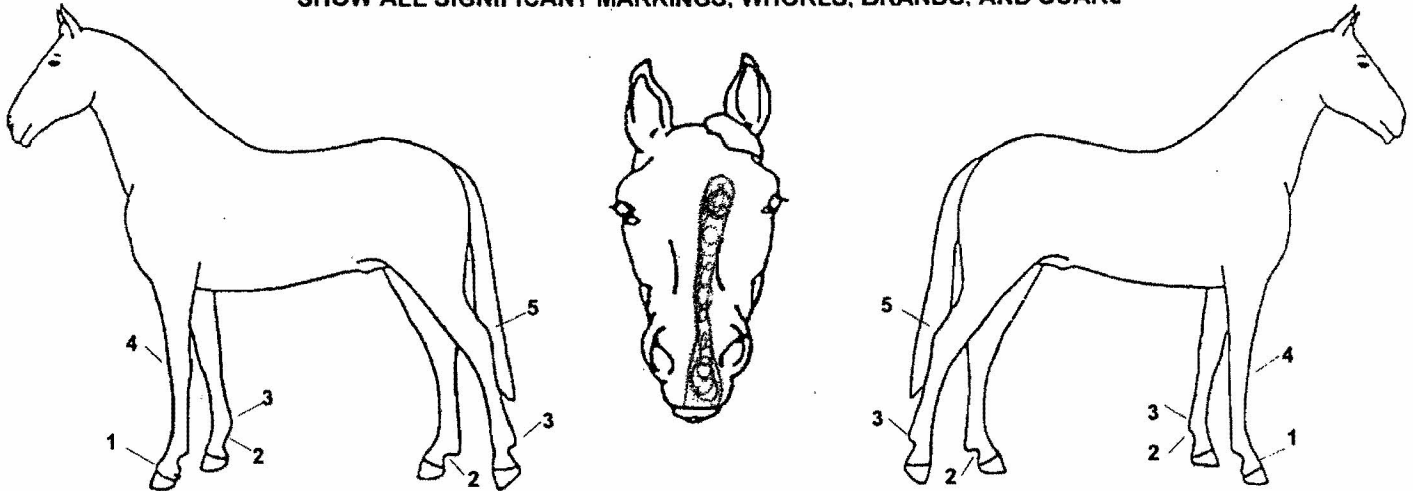
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C. Y. BRASHER DVM.	12. SIGNATURE DATE 6/13/10
--	--	-------------------------------

**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.	Official Tag	18. Tattoo/B	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	
985170000339022			20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		36. REMARKS	

Falsification of this form or knowingly using a falsified information 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).

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

SERIAL NO.

0679228

1. ACCESSION NUMBER

ACT 12514

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

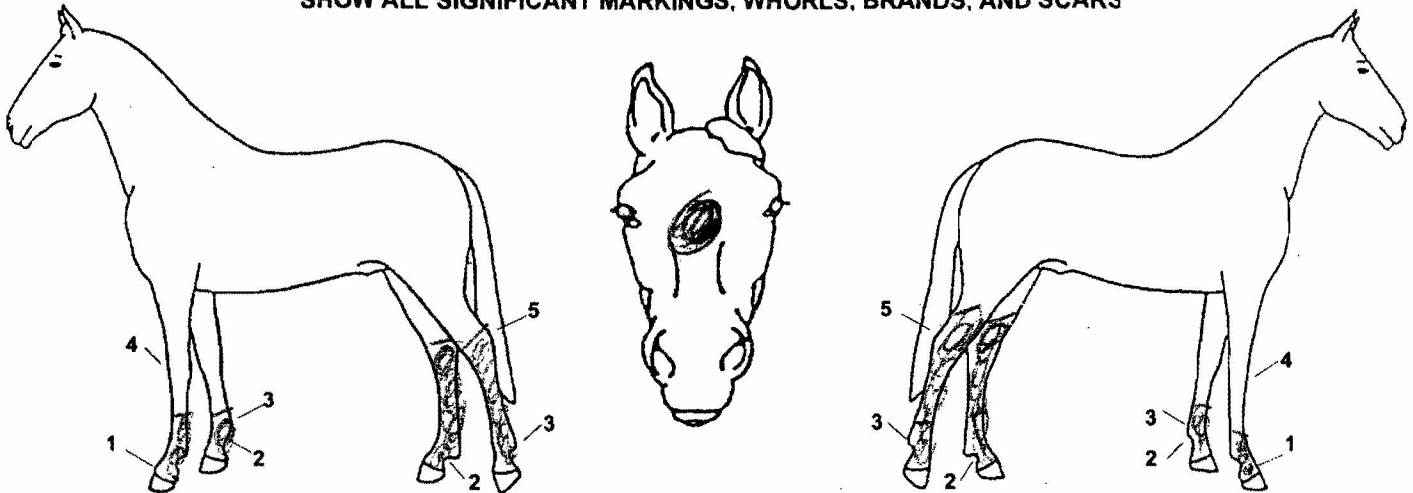
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/	20. Color Light Brown	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex F	M - Male F - Female G - Gelding N - Neuter
985170000342989								

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF VETERINARIAN (b)(6)		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).



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555.18)

SERIAL NO.

Q0679229

1. ACCESSION NUMBER

ACI 12519

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show ☐ First Test

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)

LAT:  
LONG:

5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

6 S/W LIVESTOCK AUCTION

LOS ALAMOS

Zip Code

Tel No.

County

NM

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

C.Y. BRASNER DVM

5800 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87170

Tel No.

(505) 610-4711

County

BERNALILLO

## 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 FEDERAL (b)(6) VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM

## 12. SIGNATURE DATE

6/13/10

## 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

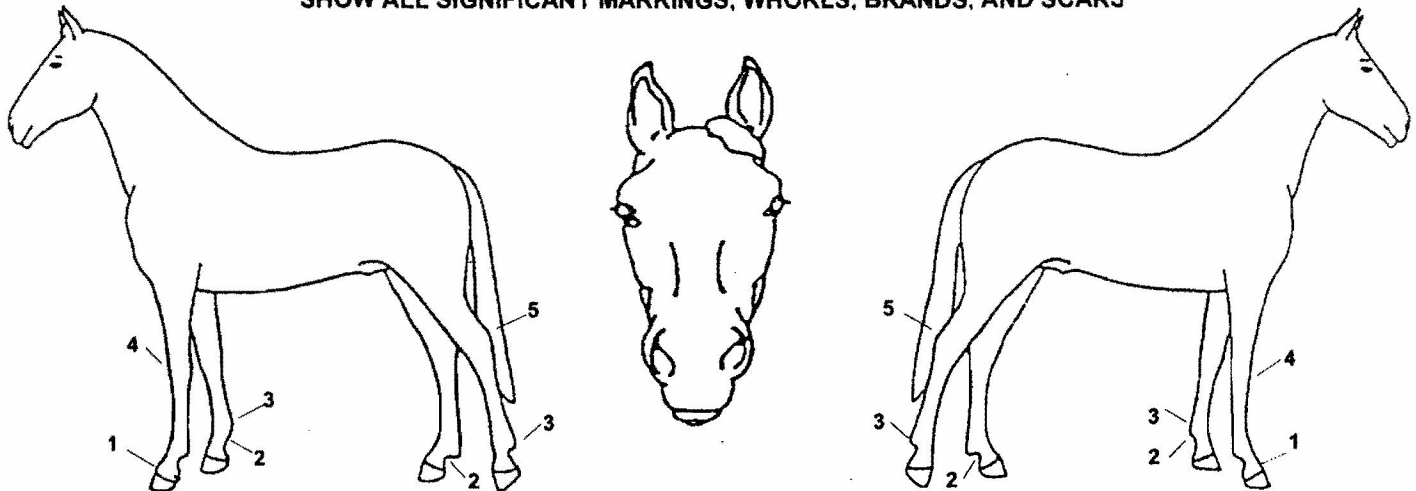
16. Tube No.	Official Tao	18. Tattoo/E



985170000370360

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Roan gray	Quarter horse		7	6	

**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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).





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

SERIAL NO.

00679231

1. ACCESSION NUMBER

17521

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		N/A. Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. (505) 610-4711	
Tel No. County		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.

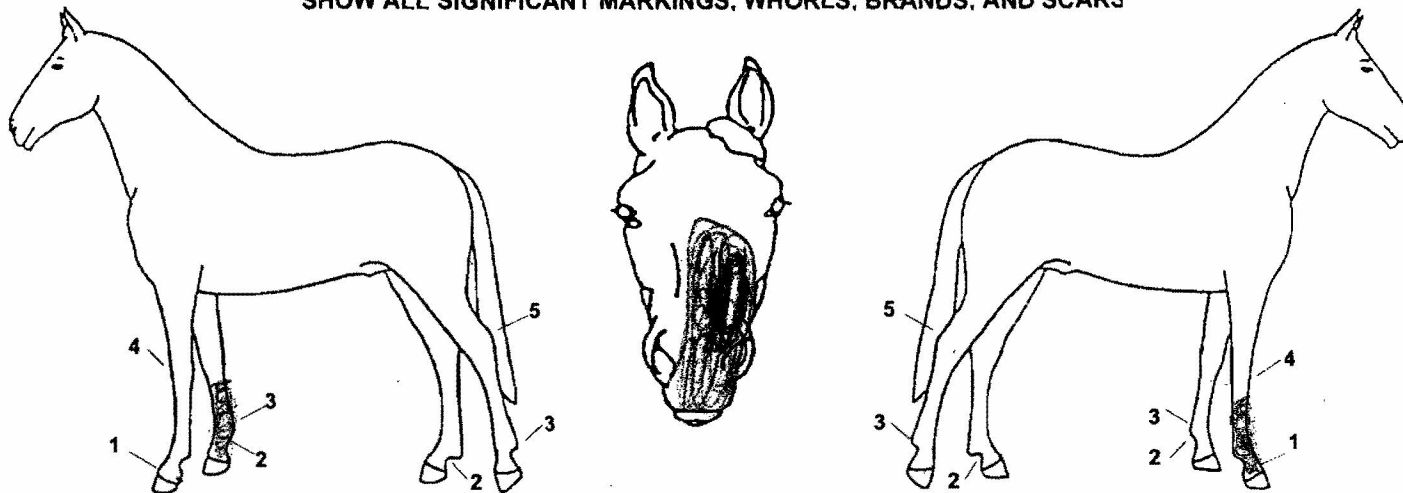
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	17. Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Steel	QH		3	6	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Blaze	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB Socks
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

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

SERIAL NO.

0679232

1. ACCESSION NUMBER

ACL 17522

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.V. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4713 County BERNALILLO	


**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

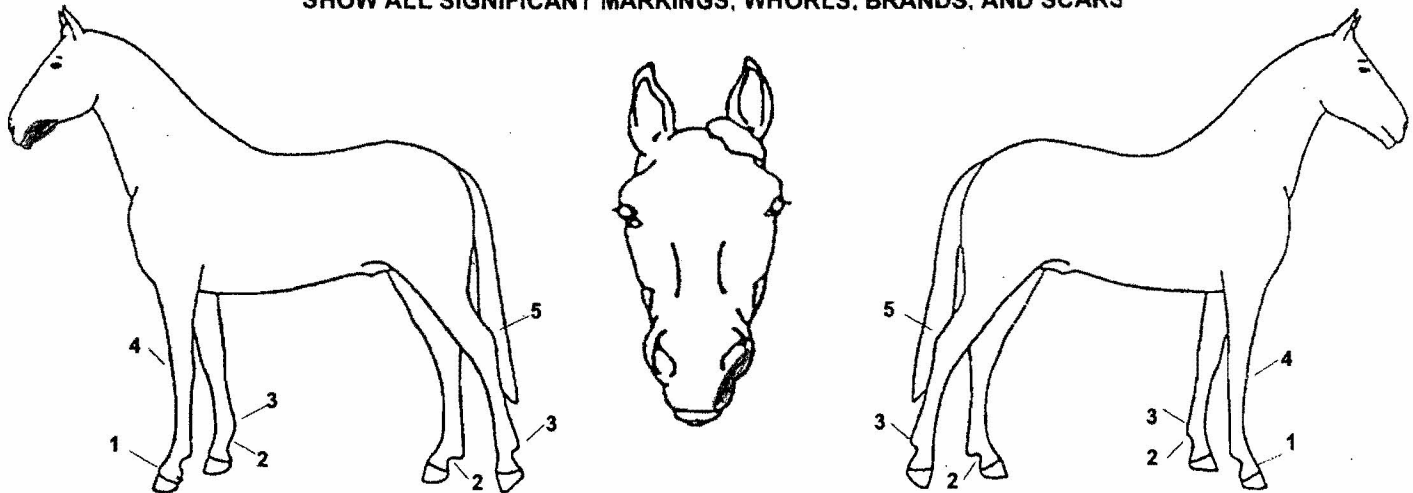
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.V. BRASHER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	1. Tattoo	20. Color gray	21. Breed Quarter horse	22. Electronic I.D. No.
 985170000372765			23. Age or DOB 7	24. Sex G	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD SNIP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679233

1. ACCESSION NUMBER

AGL 12459

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W. LIVESTOCK AUCTION LOS LUNAS, NM Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.V. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Tel No. (505) 610-4711 County 87120	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

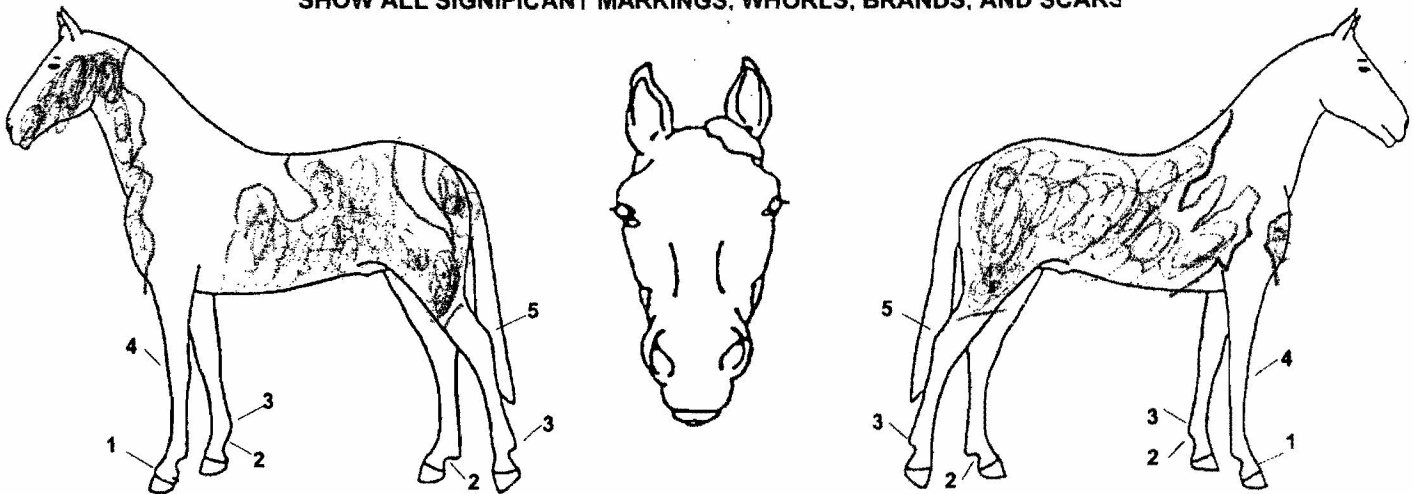
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.V. BRASHER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985170000333714	Reddy white	Paint		4	G	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Point	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

Q0679234

1. ACCESSION NUMBER

ACL. 12460

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c S/W. LIVESTOCK AUCTION. LOS LUNAS. Zip Code Tel No. County NM.	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

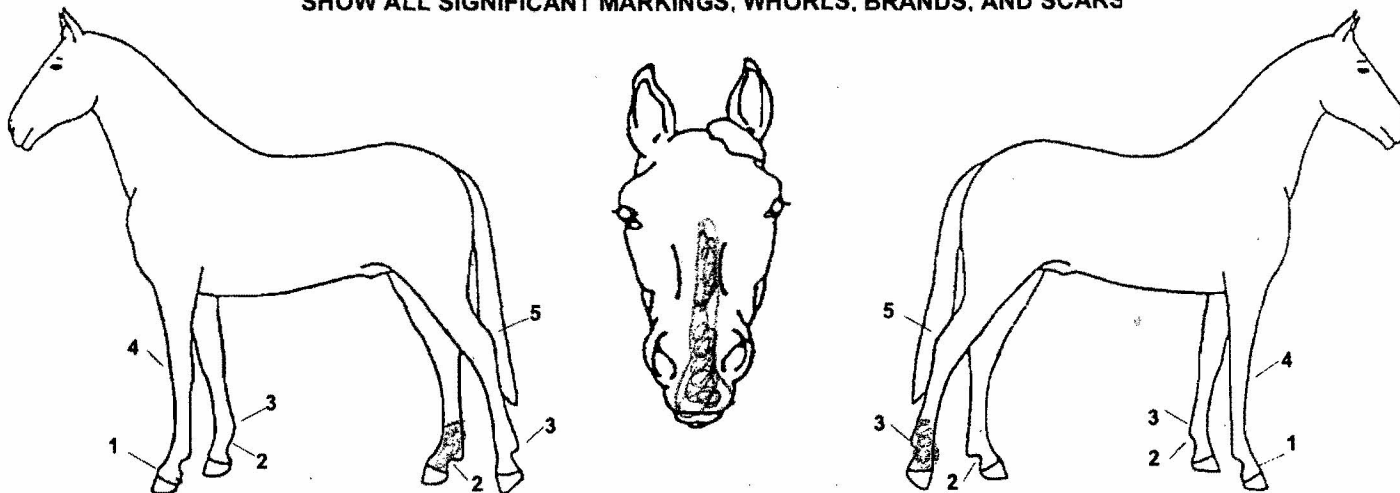
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Bay	QH		11	E	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Stair	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Such

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

Q0679235

1. ACCESSION NUMBER

ACL 12461

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ S/W. LIVESTOCK AUCTION LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMEK DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM.		
Tel No.		County NM.		Zip Code 87120	
Tel No.		County		Zip Code 87120	

**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.

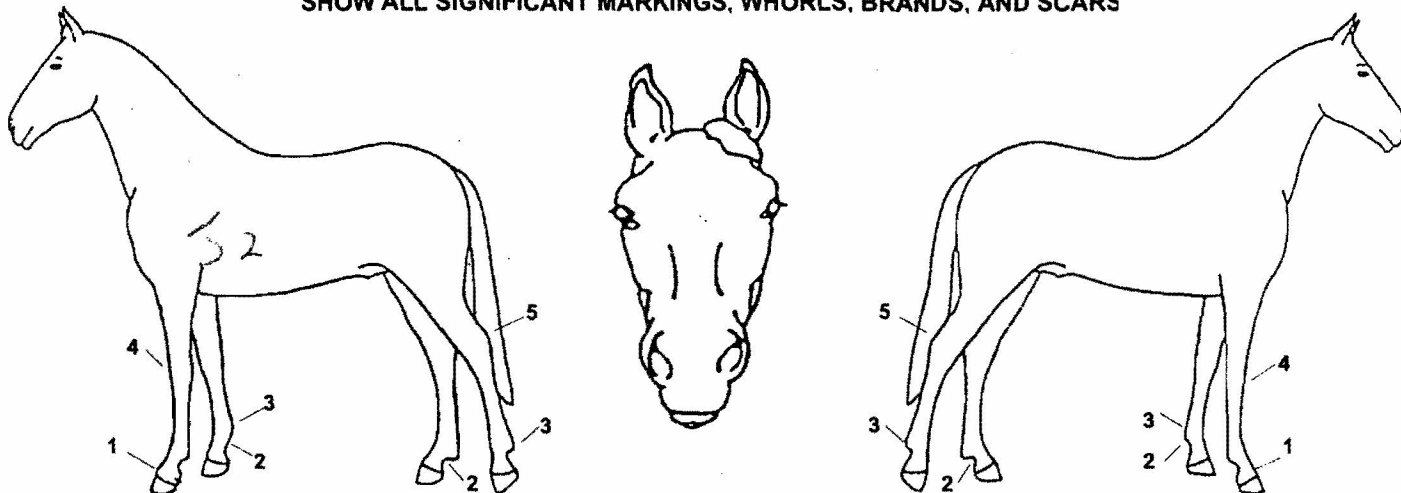
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMEK DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Bra	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Pink	Quarter horse		4	G	

985170000349361

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD STO2	26. OTHER MARKS AND BRANDS J2 4/5
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).



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

SERIAL NO.

0679236

1. ACCESSION NUMBER

AGL 12462

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official Tag Tattoo



985170000331544

20. Color

Bay

21. Breed

Quarter horse

22. Electronic I.D. No.

23. Age or DOB

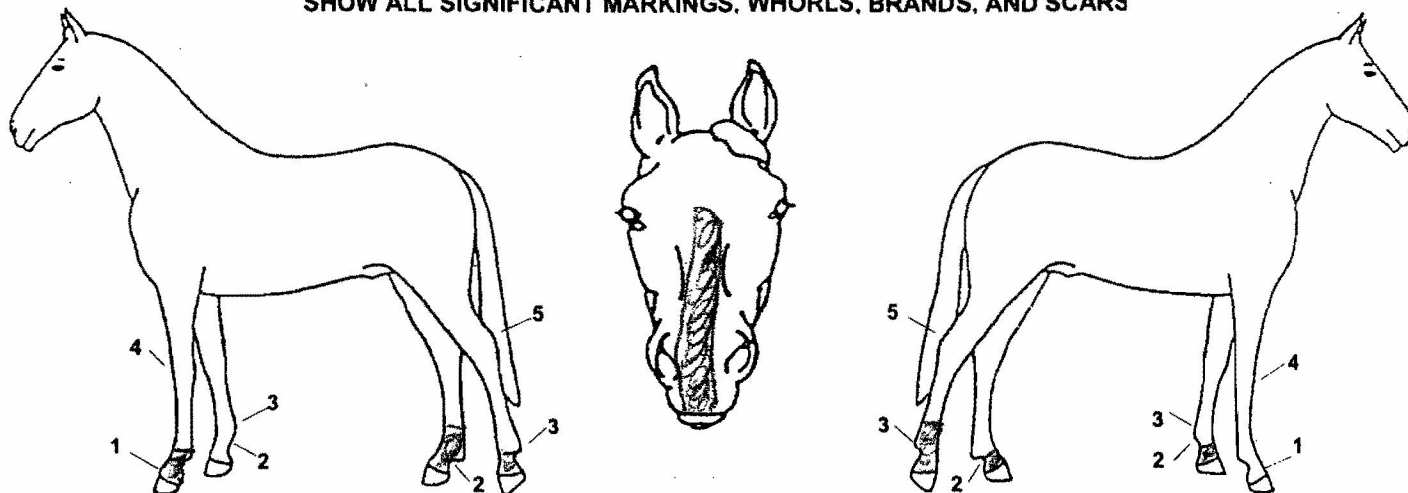
8

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

Suck

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

Suck

## 30. RIGHT HINDLIMB

Suck

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).



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

SERIAL NO.

Q0679237

1. ACCESSION NUMBER

ACT 12463

2. DATE BLOOD  
DRAWN

6/13/10

**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.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

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

C.Y. BRASHER DVM

5900 JONES PLACE NW

ALBUQUERQUE NM

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.Official  
Tag18.  
Tattoo/E

985170000516794

20.  
Color

Solid

21.  
BreedQuarter  
horse22. Electronic  
I.D. No.23. Age or  
DOB

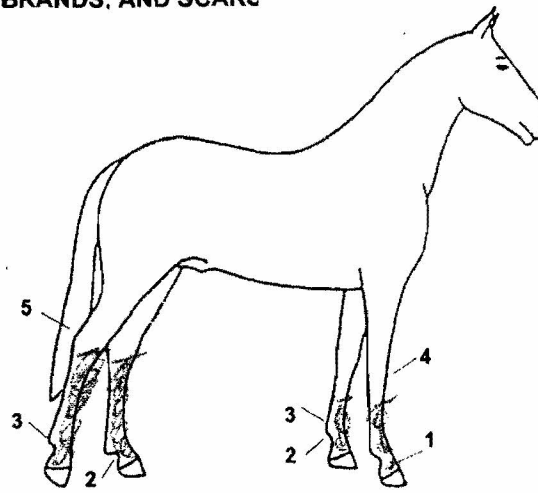
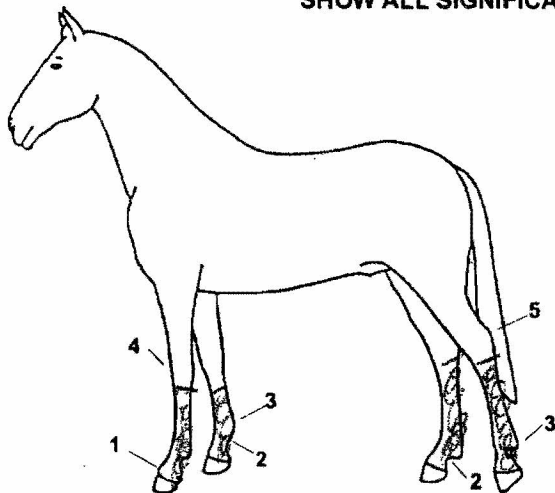
4

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

Solid

## 28. RIGHT FORELIMB

Solid

## 29. LEFT HINDLIMB

Solid

## 30. RIGHT HINDLIMB

Solid

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

0679238

1. ACCESSION NUMBER

ACL. 12464

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OF STABLE/MARKET (Please print or type)  N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	


**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

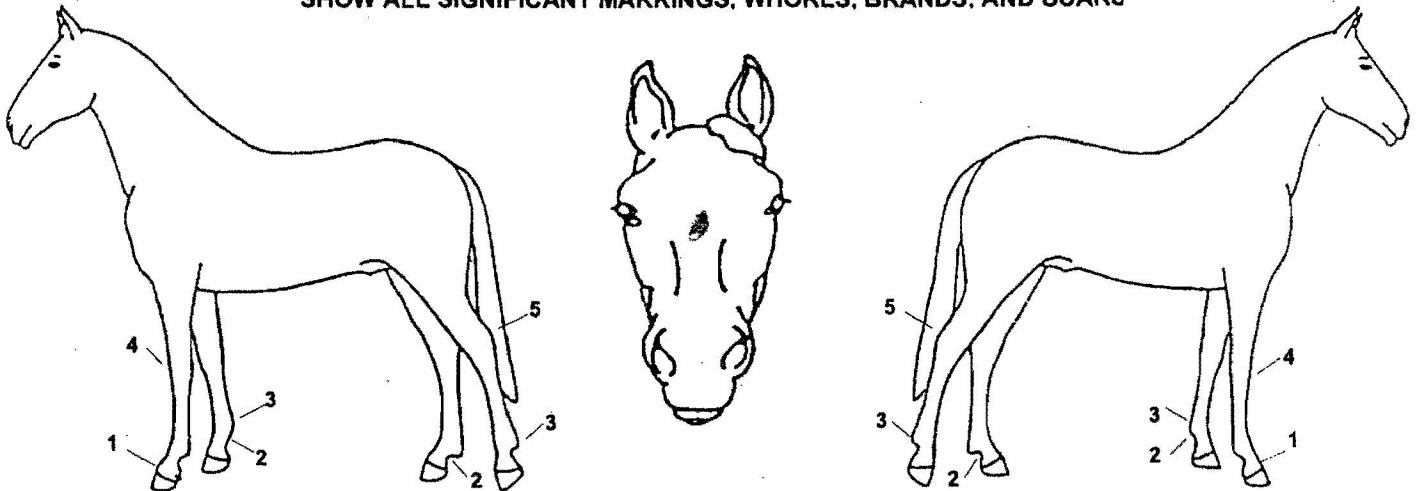
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tac	18. Tattoo/Bre	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		 985170000517593	Dark bay over Dun	horse		4	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 STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

00679239

1. ACCESSION NUMBER

ACL. 12465

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> Retest <input checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CLAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

**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

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

12. SIGNATURE DATE

6/13/10

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

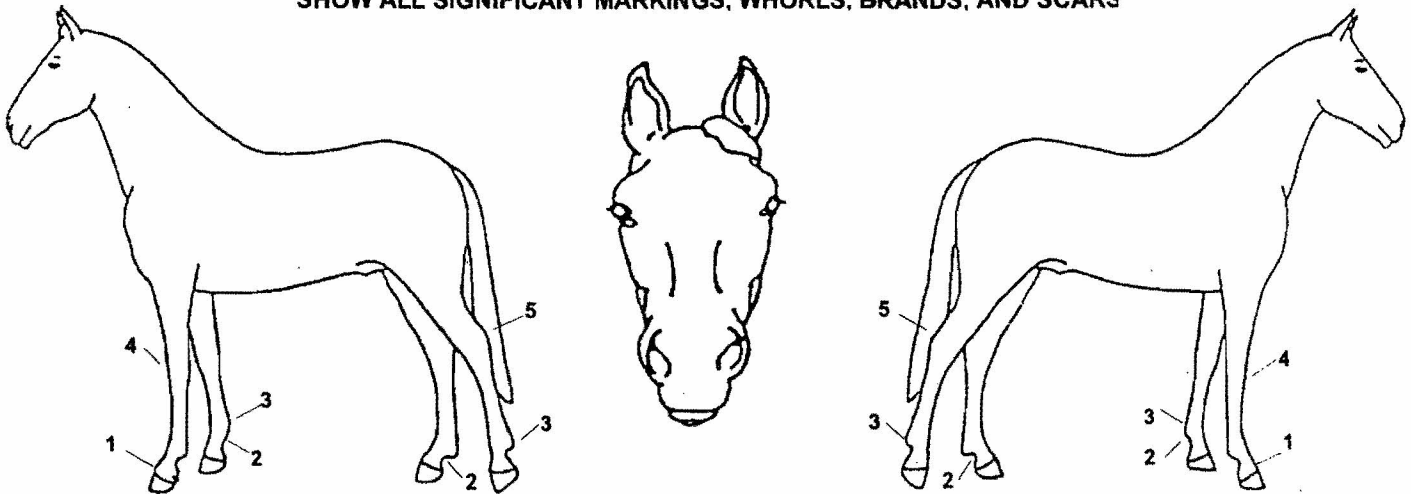
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Br	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985170000349252	gray	quarter horse		5	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

Snip

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

Q0579240

1. ACCESSION NUMBER

AGL 12466

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**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.

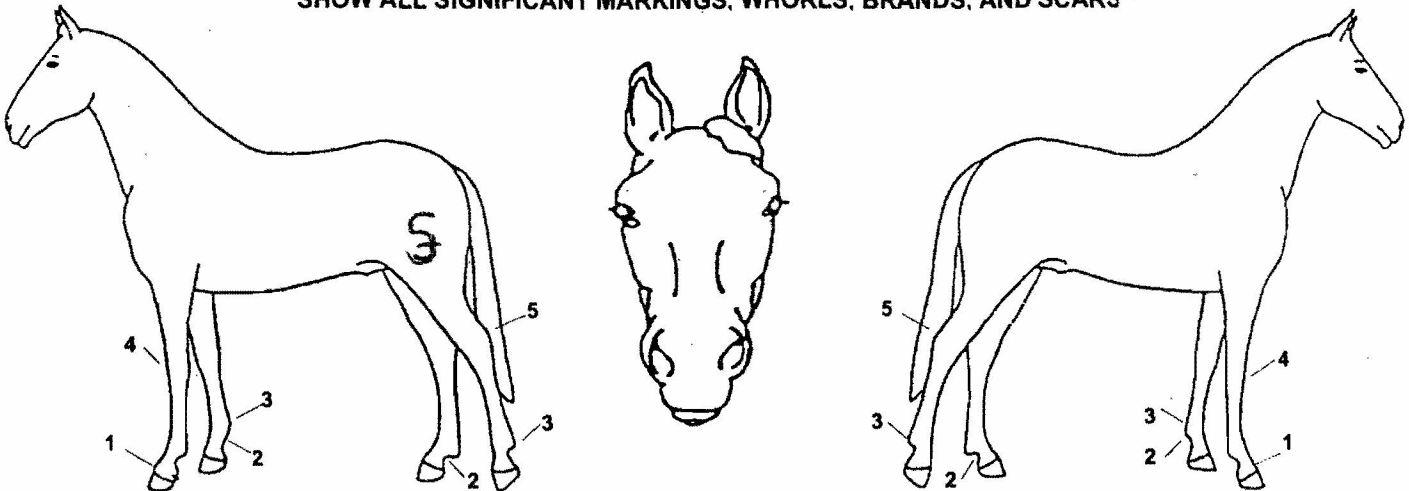
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/E	20. Color grey	21. Breed quarter horse	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter

985170000313353

**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 S LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

Q0679241

1. ACCESSION NUMBER

ACT 12467

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NV		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

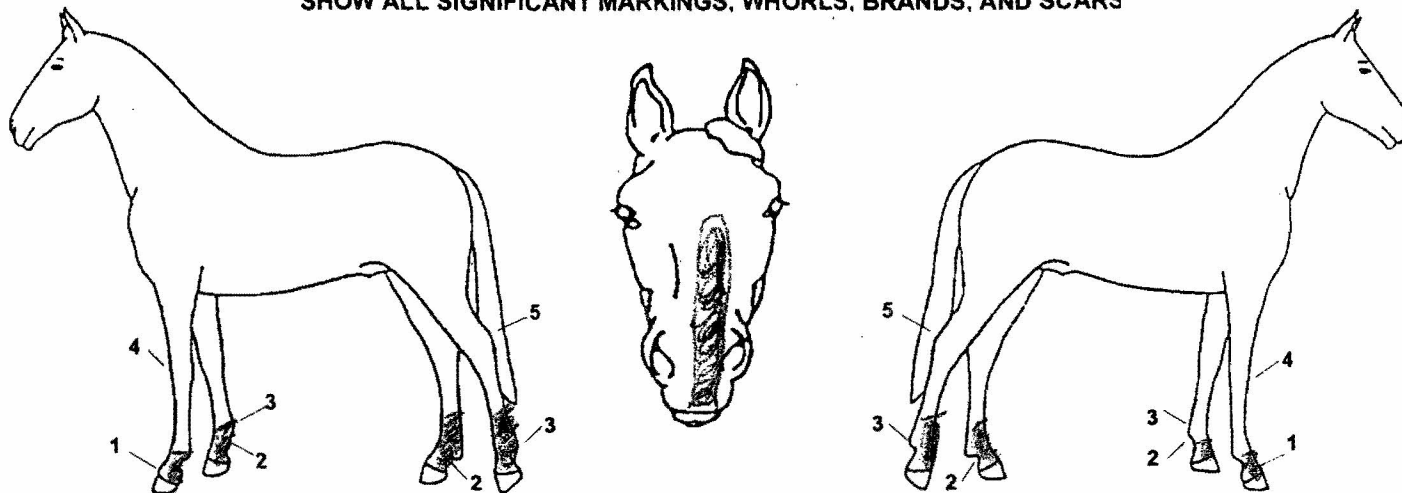
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/E	19. Barcode 985170000370133	20. Color Black	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 10	24. Sex G
						25. M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sore	28. RIGHT FORELIMB Sore
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB Sore

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE (b)(6)		35. 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).



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

SERIAL NO.

0679242

1. ACCESSION NUMBER

ACL 12468

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show ☐ First Test

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)

LAT:  
LONG:

5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W, LIVESTOCK AUCTION,

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNARD

## 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 FEDERAL (b)(6) VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag 18.  
Tattoo/Brat



985170000369649

20. Color

Buck  
skin

21. Breed

QH

22. Electronic  
I.D. No.23. Age or  
DOB

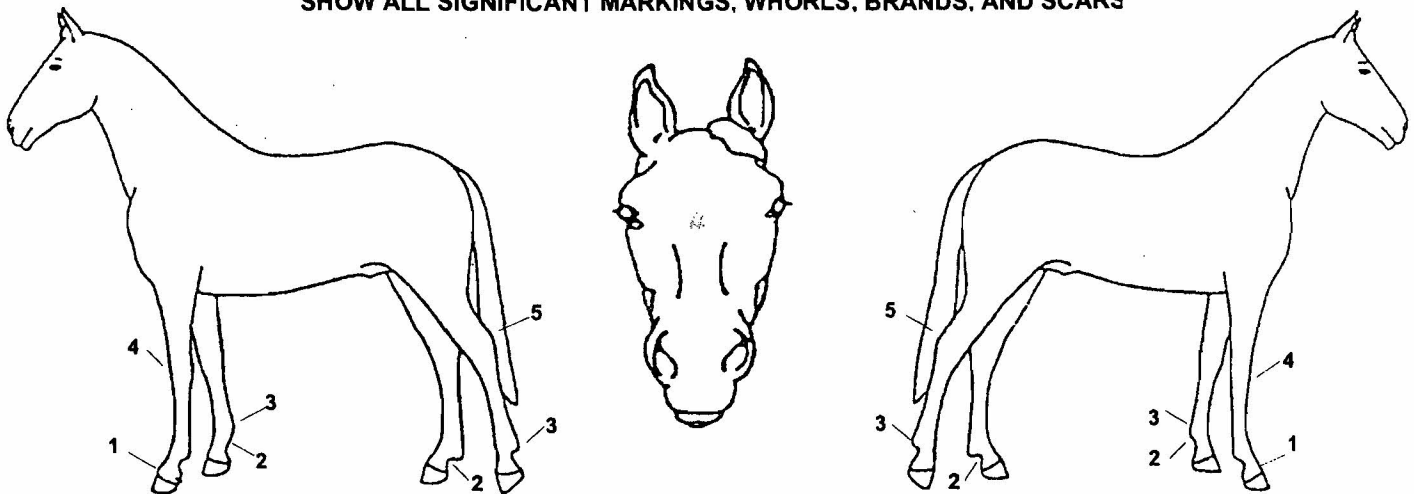
5

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STAIN

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. REMARKS

Falsification of this form or knowingly using a falsified specimen 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).



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

SERIAL NO.

00679243

1. ACCESSION NUMBER

ACL 12469

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**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.

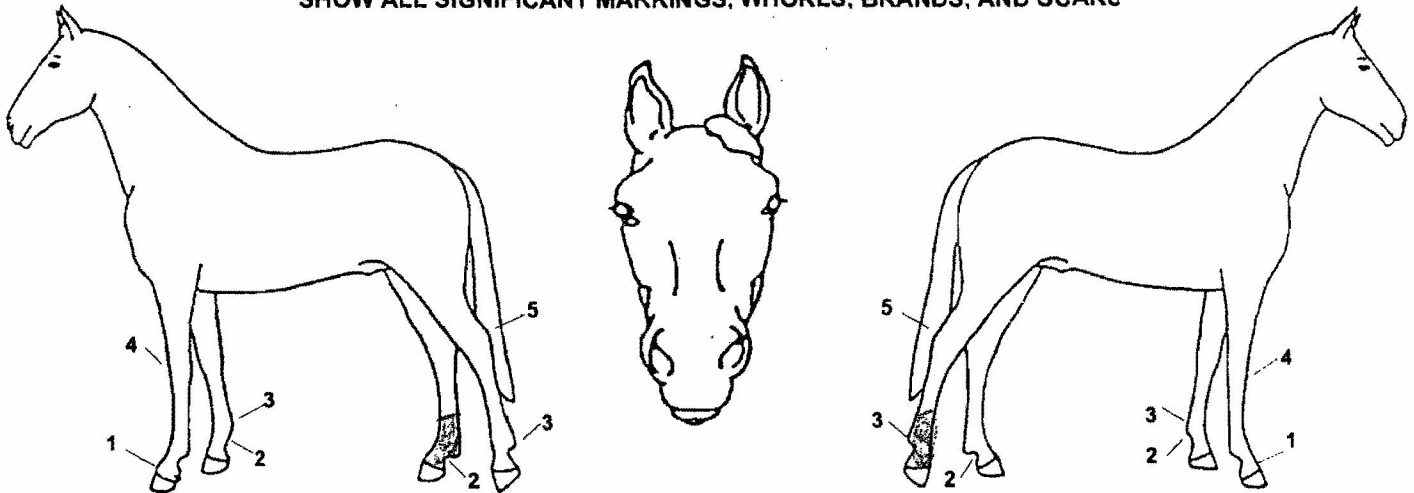
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Br	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Black	Quarter horse		8	F	

985170000312364

**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 Sore

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

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

SERIAL NO.

00679244

1. ACCESSION NUMBER

ACL.12470

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**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.

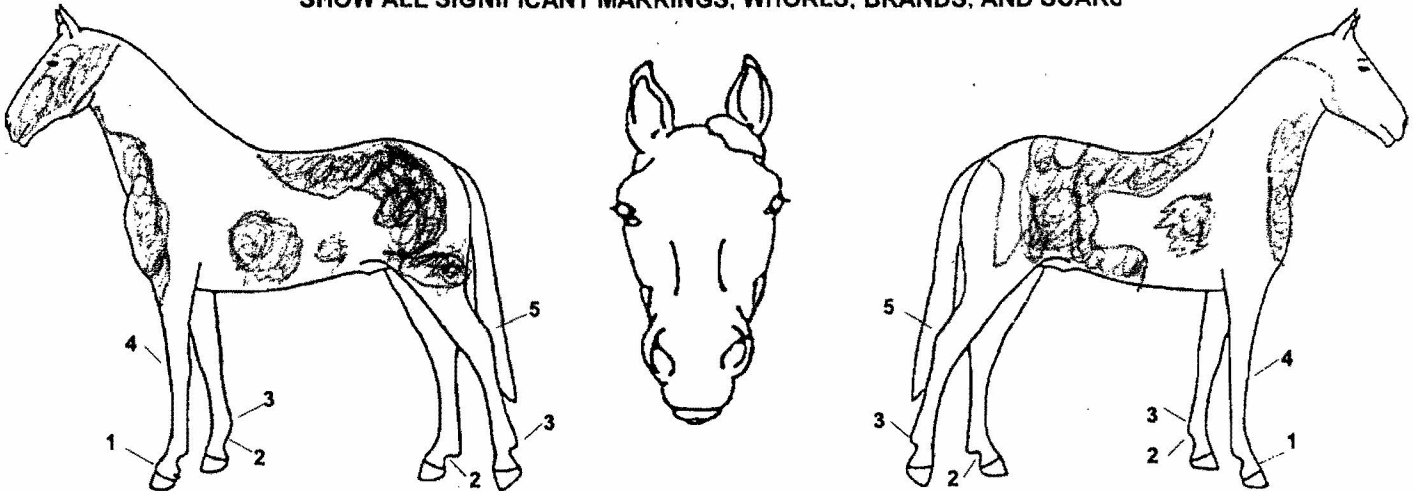
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/E	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Brown Paint White		7	6	

985170000329388

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD POINT	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)		SERIAL NO. <b>Q0679245</b>	1. ACCESSION NUMBER <b>ACT 12471</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>				
3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  <div style="text-align: center;">N/A.</div>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  <div style="text-align: center;">1167</div>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION</b> <b>LOS LINAS.</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C. Y. BRASMER DVM</b> <b>5900 JONES PLACE NW</b> <b>ALBUQUERQUE, NM</b>		
Tel No.   County <b>NM.</b>		Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>		



**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

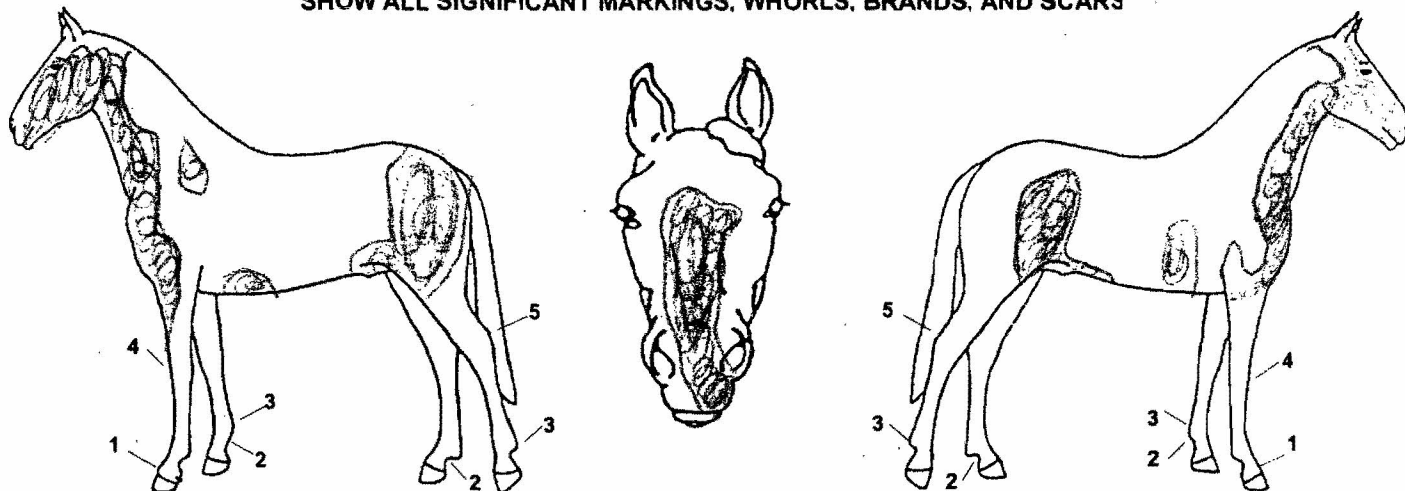
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF (b)(6) FEDERATED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME <b>C. Y. BRASMER DVM.</b>	12. SIGNATURE DATE <b>6/13/10</b>
--	---	--------------------------------------

**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.	Official Tag	18. Tattoo/Brand	 <b>985170000313636</b>			20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			 <b>985170000313636</b>			Bay Point White			3	6	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD <b>Point</b>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).

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

SERIAL NO.

0679246

1. ACCESSION NUMBER

ACL. 12472

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  E/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code  Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5500 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**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.

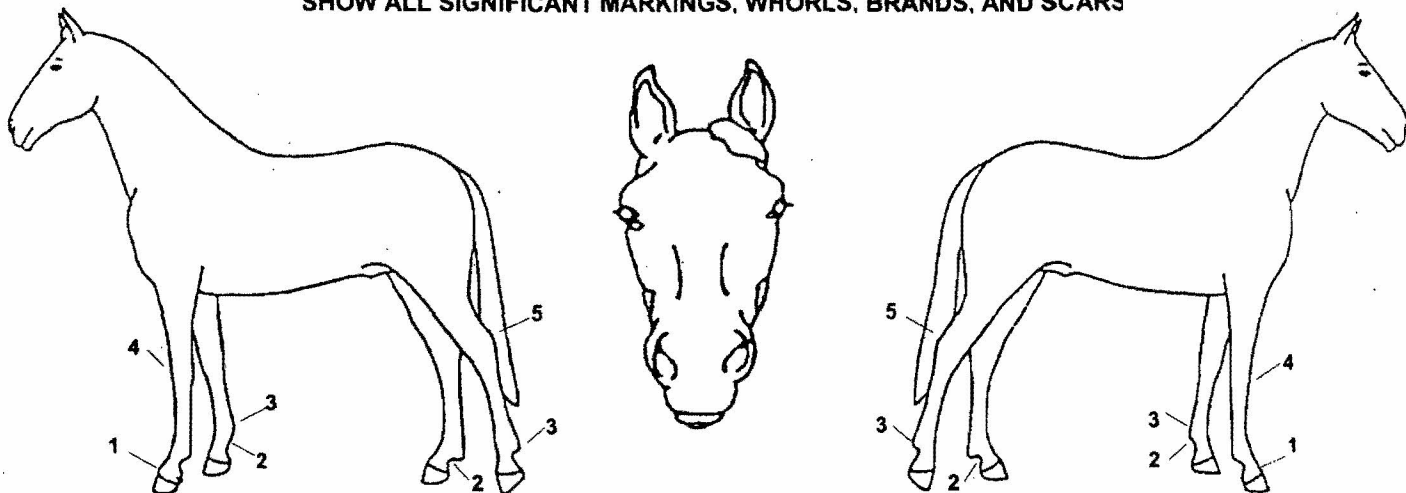
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/E	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			9ulla	quarter horse		3	6	

985170000367767

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

00679247

1. ACCESSION NUMBER

ACL 12473

2. DATE BLOOD  
DRAWN

6/13/11

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**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

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

12. SIGNATURE DATE

6/13/11

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

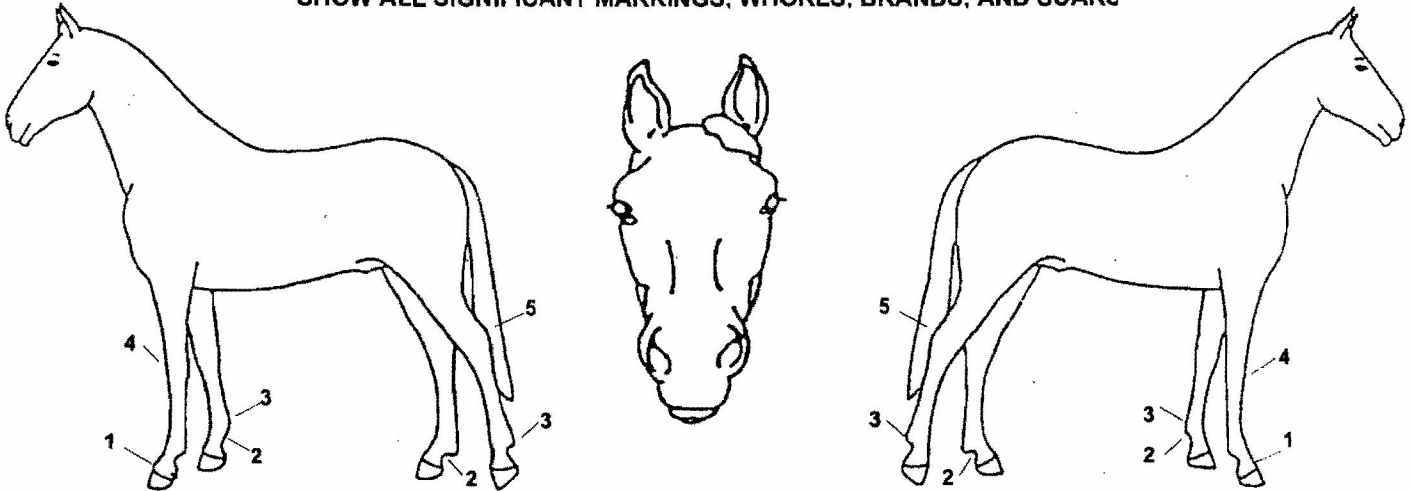
I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official	18. Tattoo/E	19. Barcode 985170000312476	20. Color Bay	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex G	M - Male F - Female G - Gelding N - Neuter
--------------	----------	--------------	--------------------------------	------------------	----------------------------	-------------------------	---------------------	--------------	---

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/11	33. DATE REPORTED OUT 6/13/11	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 (b)(6)		35. 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).

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

SERIAL NO.

0579248

1. ACCESSION NUMBER

ACL. 12474

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> 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)  N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMEK DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**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.

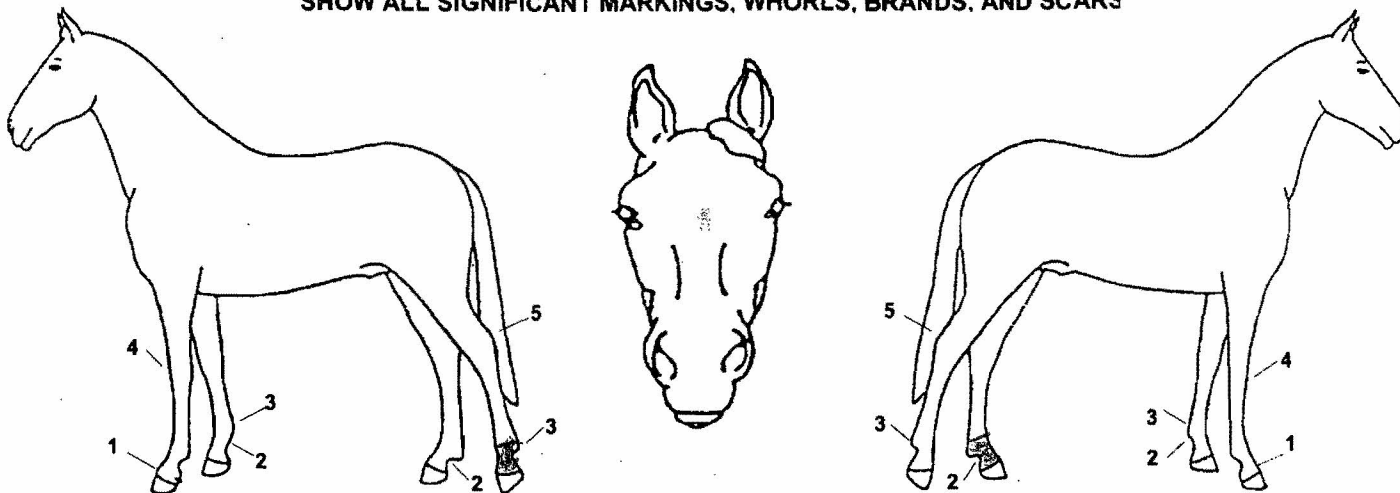
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMEK DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/B	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			20. Color Sorrel	21. Breed Quarter horse		23. Age or DOB 4	24. Sex G	

985170000352881

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD SDA	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sc ch	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679249

1. ACCESSION NUMBER

ACT 12475

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

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

C.Y. BRASMER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No. (505) 610-4711

County

SERRANO

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag 18.  
Tattoo

985170000333154

20. Color

Bay

21. Breed

Quarter  
horse22. Electronic  
I.D. No.23. Age or  
DOB

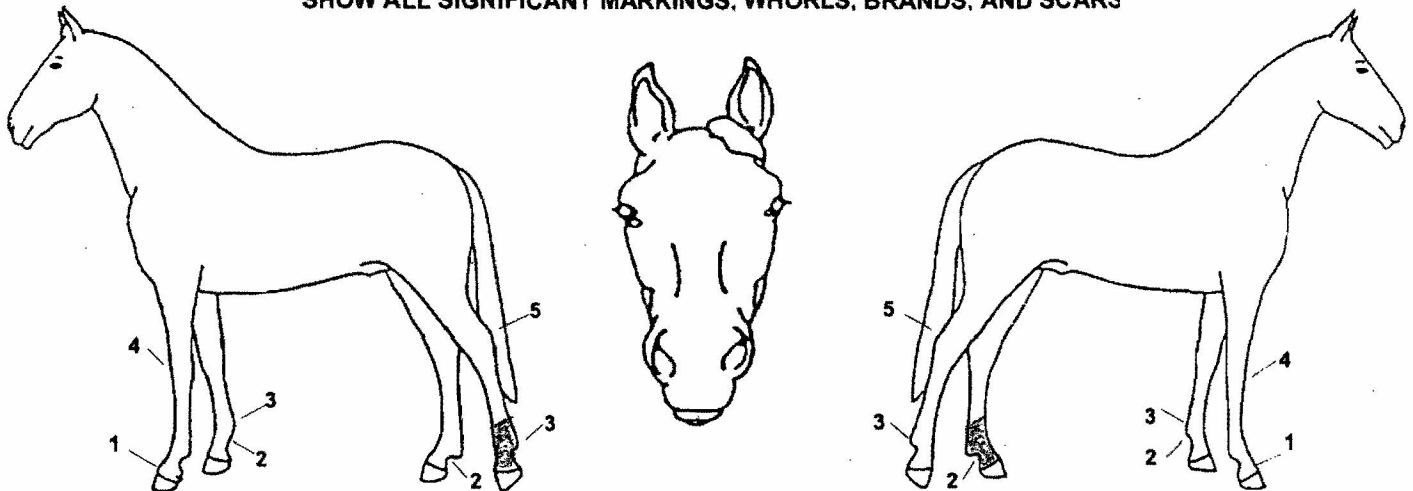
4

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

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

Soch

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)		SERIAL NO. <b>0079250</b>	1. ACCESSION NUMBER <b>ACL 12476</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>N/A</b>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1167</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>Q S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b>		
Tel No. County <b>NM.</b>		Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>		


## 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.

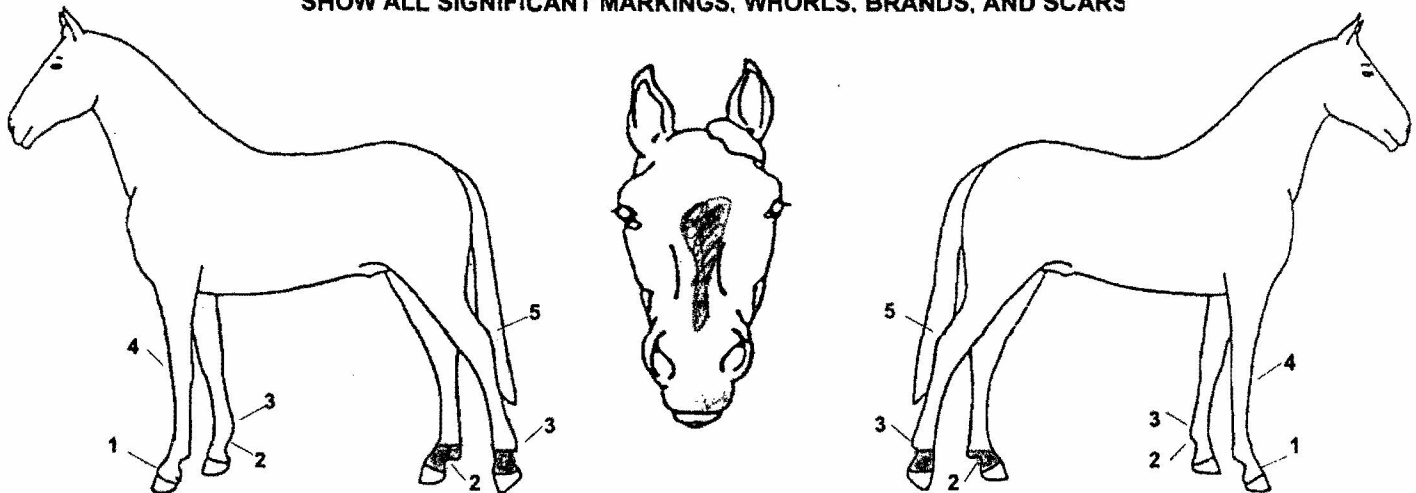
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <b>(b)(6)</b>	11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>	12. SIGNATURE DATE <b>6/13/10</b>
---	--	--------------------------------------

## 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.	Official Tag	18. Tattoo/Br	20. Color <b>Sorrel</b>			21. Breed <b>Quarter Horse</b>	22. Electronic I.D. No.	23. Age or DOB <b>3</b>	24. Sex <b>6</b>	M - Male F - Female G - Gelding N - Neuter
 <b>985170000369531</b>										

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <b>Strip, Snip</b>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <b>Such</b>	30. RIGHT HINDLIMB <b>Such</b>

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <b>(b)(6)</b>		35. 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).



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

SERIAL NO.

0679251

1. ACCESSION NUMBER

ACL. 12477

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> 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)  N/A Zip Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS. Zip Code Tel No. County NA.			

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

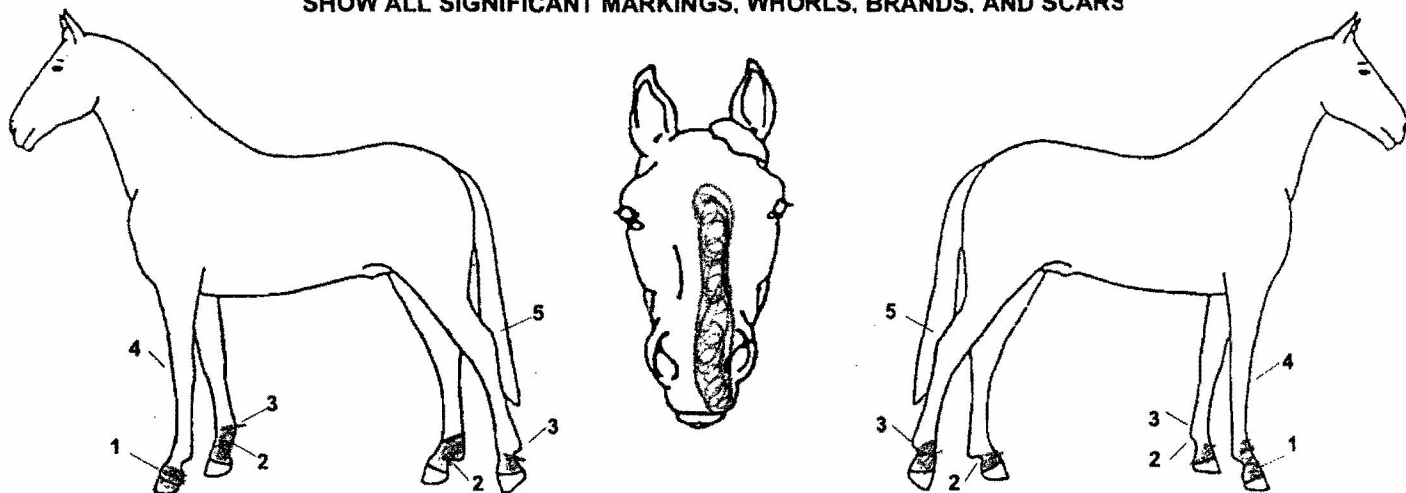
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

I certify and warrant 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.	Official Tag	18. Tattoo/Br	19. Barcode 985170000333358	20. Color Red	21. Breed Quarter Horse
			22. Electronic I.D. No.	23. Age or DOB 5	24. Sex F
				25. M - Male F - Female G - Gelding N - Neuter	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Such	28. RIGHT FORELIMB Such
29. LEFT HINDLIMB Such	30. RIGHT HINDLIMB Such

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)	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).

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

SERIAL NO.

00679252

1. ACCESSION NUMBER

ACT. 12478

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  B.A. Zip Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS, Zip Code Tel No. County NM.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

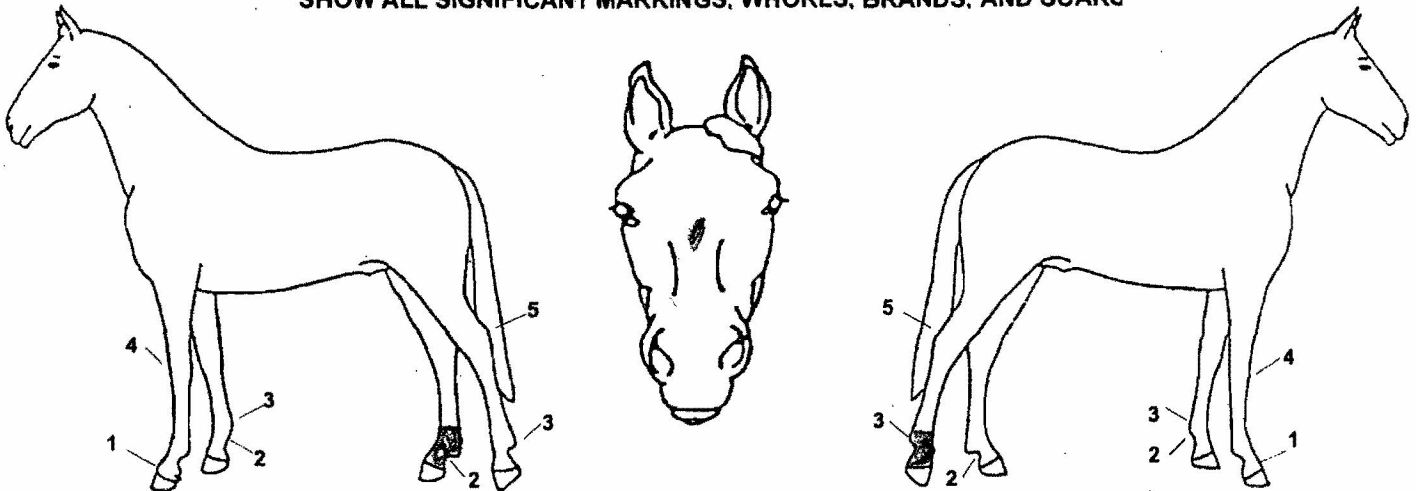
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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.	Official Tag	18. Tattoo/	19. Barcode 985170000344383	20. Color Bay	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 5	24. Sex G	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Ston	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Ston

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

Q0679253

1. ACCESSION NUMBER

12479

2. DATE BLOOD  
DRAWN

6/13/10

**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.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W. LIVESTOCK AUCTION

LOS ALAMOS

Zip Code

Tel No.

County

NM

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

C.Y. BRASNER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify 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.Official  
Tao18.  
Tattoo

985170000333472

20. Color

Bay

21. Breed

Paint

22. Electronic  
I.D. No.23. Age or  
DOB

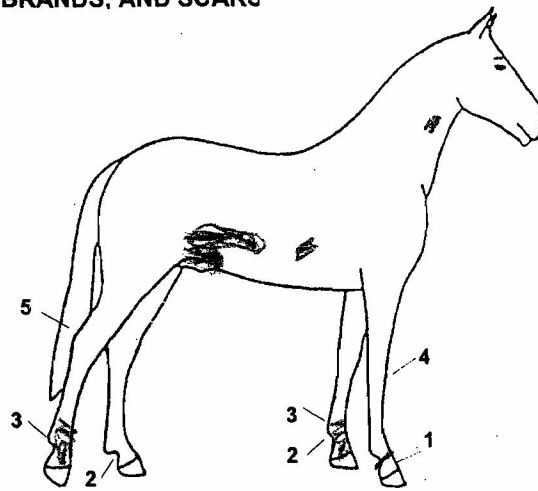
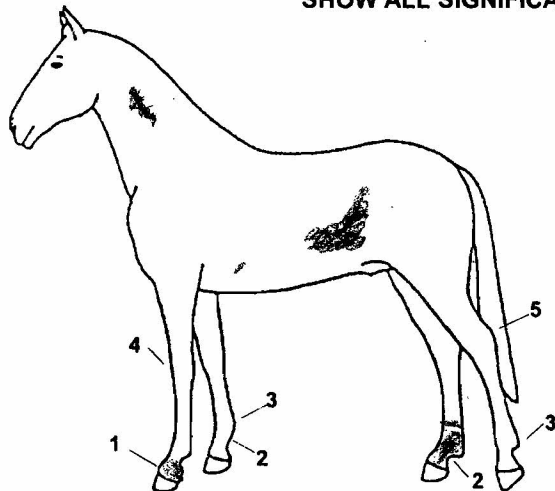
4

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Paint

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TESTER (b)(6)

## 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).

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

SERIAL NO.

0679254

1. ACCESSION NUMBER

ACI 12480

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS, NM Tel No. County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505) 610-4711		Zip Code 87120 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

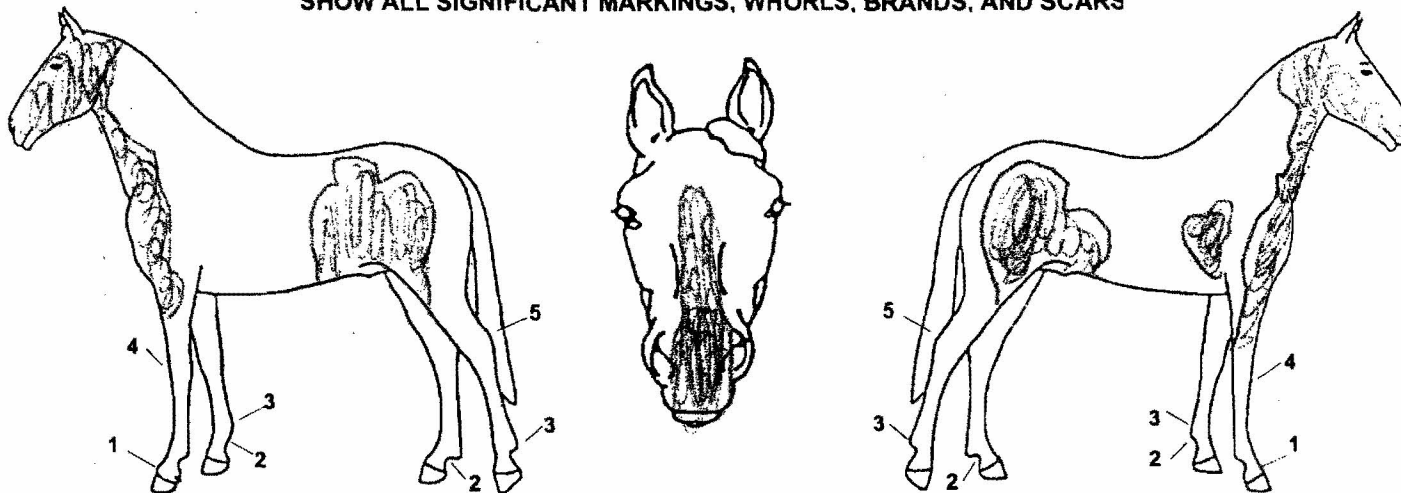
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	19. Barcode 985170000368540	20. Color Black White	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 6	24. Sex 6
M - Male F - Female G - Gelding N - Neuter								

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Paint	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

Q0679255

1. ACCESSION NUMBER

12481

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ First Test ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION

LOS LUNAS, NM

Zip Code

Tel No.

County

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

C.Y. BRASHER DVM.

5900 JONES PLACE NW.

Zip Code

ALBUQUERQUE, NM.

Tel No.

County

(505) 610-4711

BERNELLING

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

## 12. SIGNATURE DATE

C.Y. BRASHER DVM.

## 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. Official  
Tag 18. Tattoo/B

985170000347035

20. Color

Blue  
Rover

21. Breed

QH

22. Electronic  
I.D. No.23. Age or  
DOB

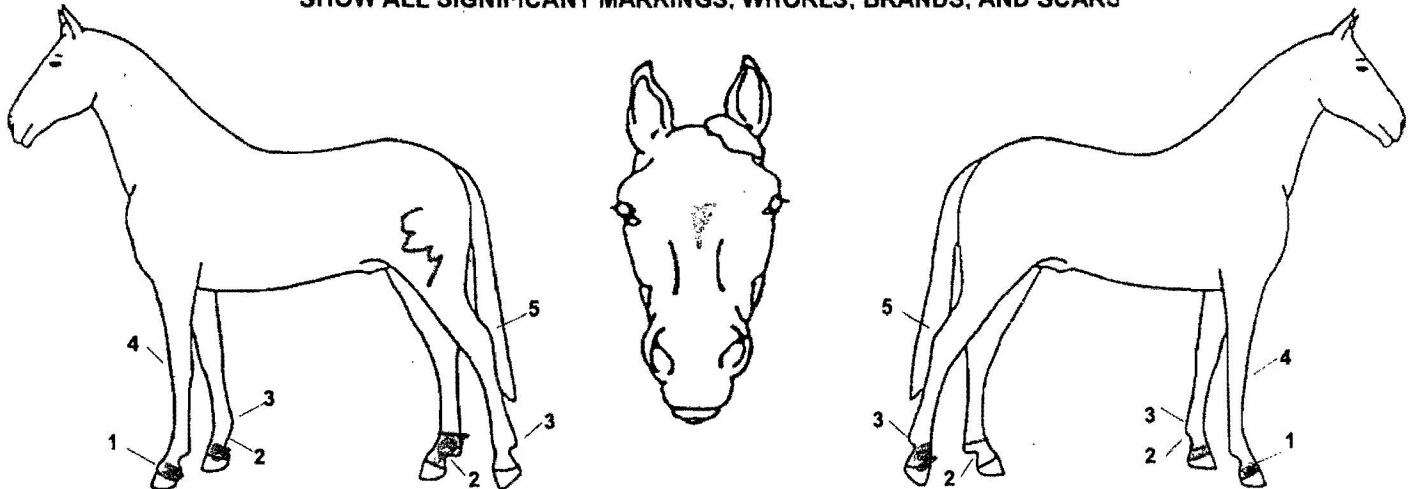
5

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STON

## 26. OTHER MARKS AND BRANDS

Ey LH

## 27. LEFT FORELIMB

Coronet

## 28. RIGHT FORELIMB

Coronet

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

Soan

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).

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

SERIAL NO.

0679256

1. ACCESSION NUMBER

ACL 12482

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:			5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID			N/A.		
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.		
Tel No.			Zip Code		
County			County		
Tel No.			Tel No. (505) 610-4711		
County			County BERNALILLO		

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

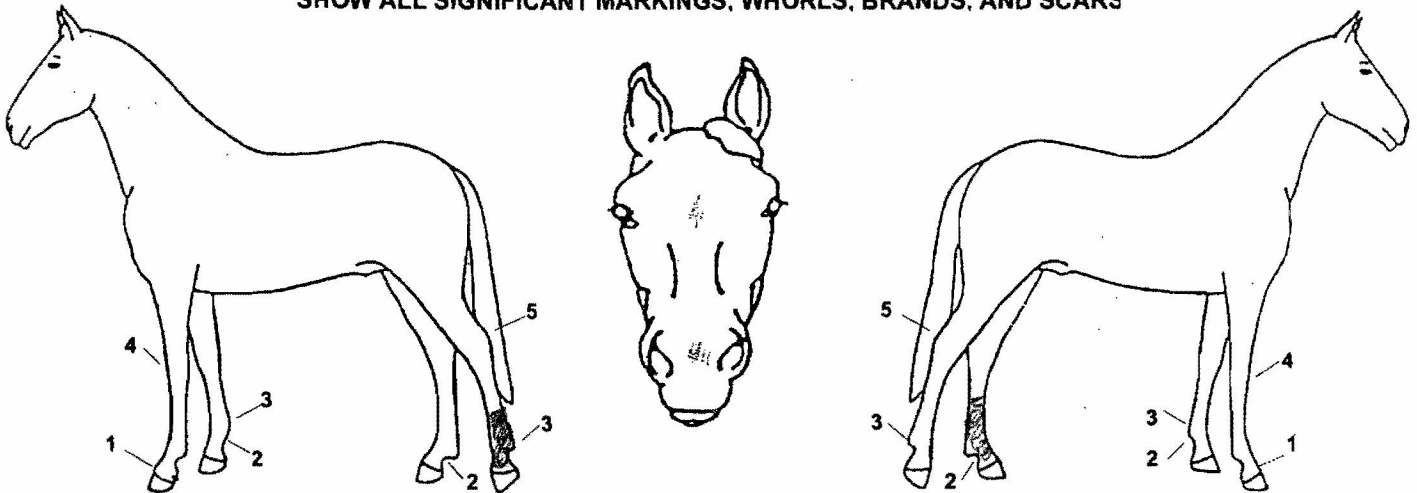
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Br	19. Barcode 985170000368677	20. Color Black skin	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex F
						M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Stone snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Such	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

00679257

1. ACCESSION NUMBER

AC 12463

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DERNIS CHAVEZ

c/o S/W. LIVESTOCK AUCTION

LOS LUNAS

Zip Code

Tel No.

County

NM

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

C.Y. BRASHER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87121

Tel No.

(505) 610-4711

County

Bernalillo

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I completed 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. ☐ Official Tag ☐ 18. Tattoo ☐



985170000336051

20. Color

Rn

21. Breed

Quarter horse

22. Electronic I.D. No.

23. Age or DOB

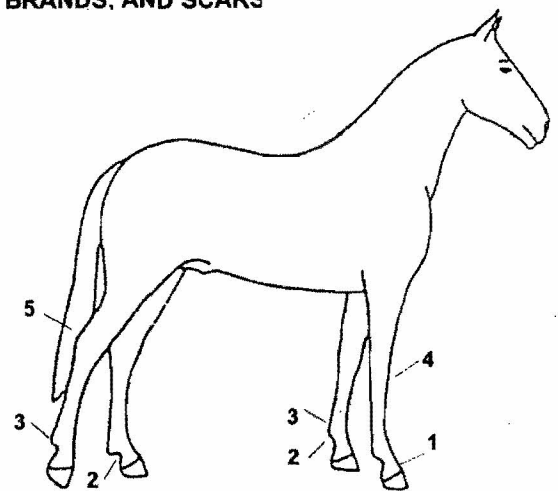
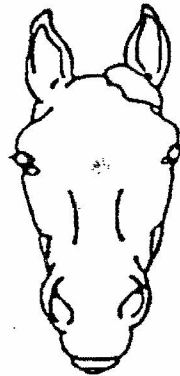
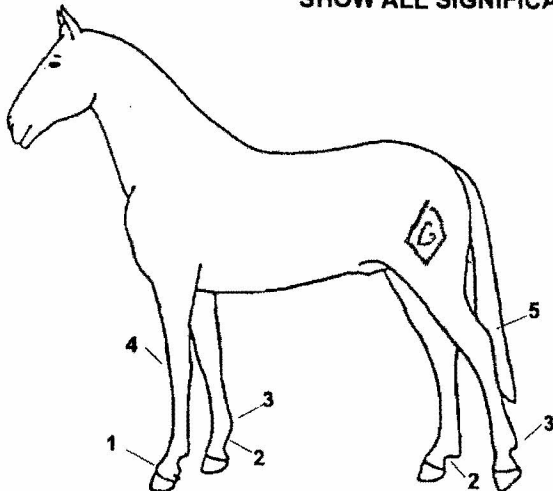
6

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STON

## 26. OTHER MARKS AND BRANDS

G 4H

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

0679258

1. ACCESSION NUMBER

ACL 12484

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:			5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID			N/A.		
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.		
Tel No.			Zip Code		
County NM.			Tel No. (505) 610-4711		
			County BERNALILLO		

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

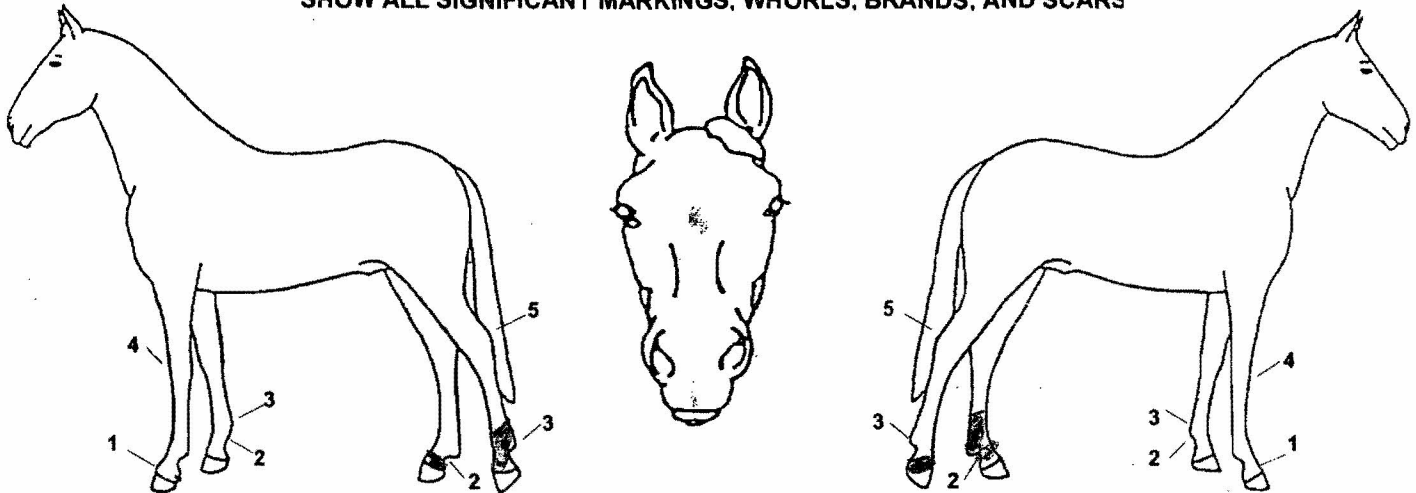
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	Tatt	19. Barcode 985170000345160	20. Color light brown	21. Breed horse	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex G
						M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Star, strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Xch	30. RIGHT HINDLIMB Coronet

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified animal 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).



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

SERIAL NO.

00679259

1. ACCESSION NUMBER

ACL. 12485

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**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.

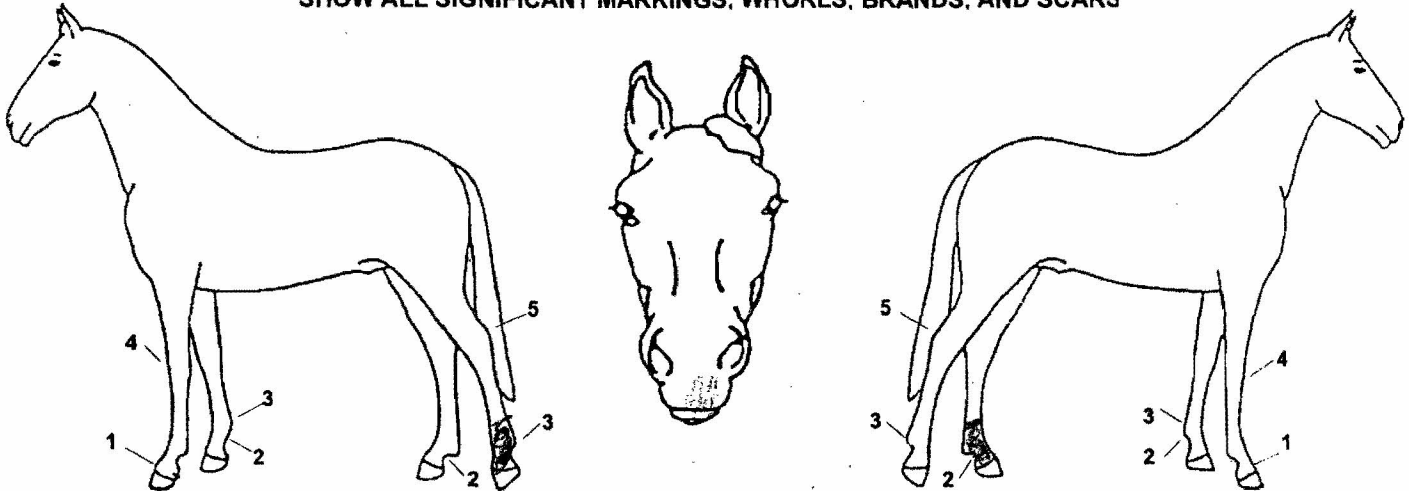
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/B	20. Color gray	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 6	24. Sex M	M - Male F - Female G - Gelding N - Neuter

985170000313470

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>00679260</b>	1. ACCESSION NUMBER <b>ACL. 12486</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
	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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  <b>N/A.</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  <b>1167</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No.   County
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b>	
Tel No.   County <b>NM.</b>		Tel No. <b>(505) 610-4711</b> County <b>PERMITS</b>	

## 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.

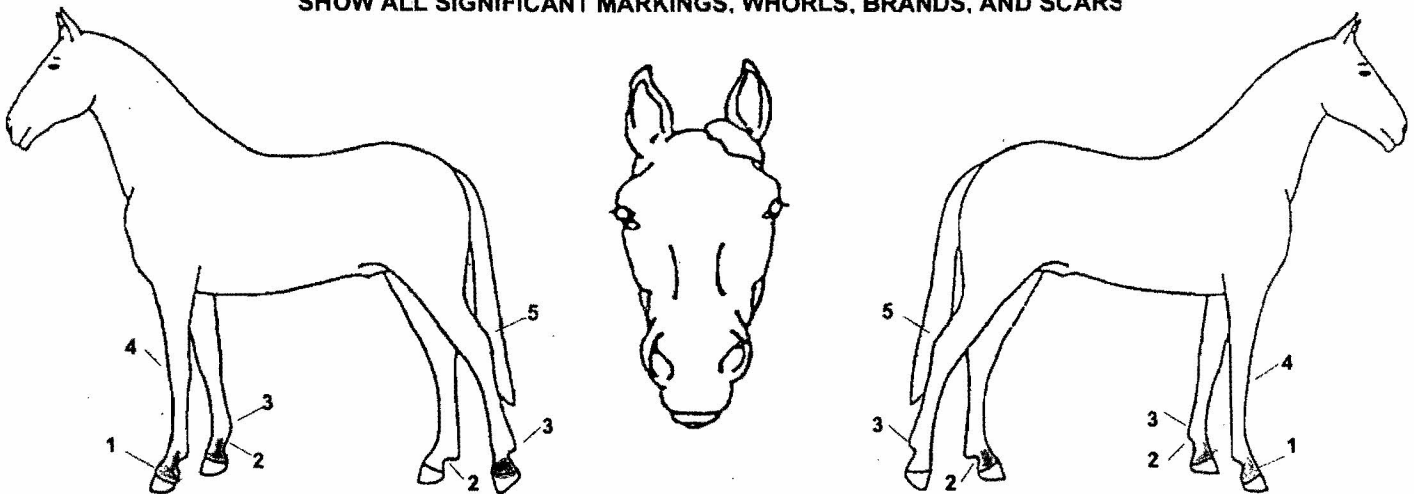
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <b>(b)(6)</b>	11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>	12. SIGNATURE DATE <b>6/13/10</b>
---	--	--------------------------------------

## 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.	Official Tag	17. Tattoo	20. Color <b>grey</b>	21. Breed <b>Andalusian</b>	22. Electronic I.D. No.	23. Age or DOB <b>5</b>	24. Sex <b>6</b>	M - Male F - Female G - Gelding N - Neuter
<b>985170000364162</b>								

## 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 <b>Coronet</b>	28. RIGHT FORELIMB <b>Coronet</b>
29. LEFT HINDLIMB <b>Coronet</b>	30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</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 <b>(b)(6)</b>		35. 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).



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>Q0679261</b>	1. ACCESSION NUMBER <b>ACL 12487</b>	2. DATE BLOOD DRAWN <b>6/13/11</b>
	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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No.
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code County NM.		Zip Code 87120 County BERNALILLO	
Tel No.		Tel No. (505) 610-4711	

## 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 (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/11
--	---	-------------------------------

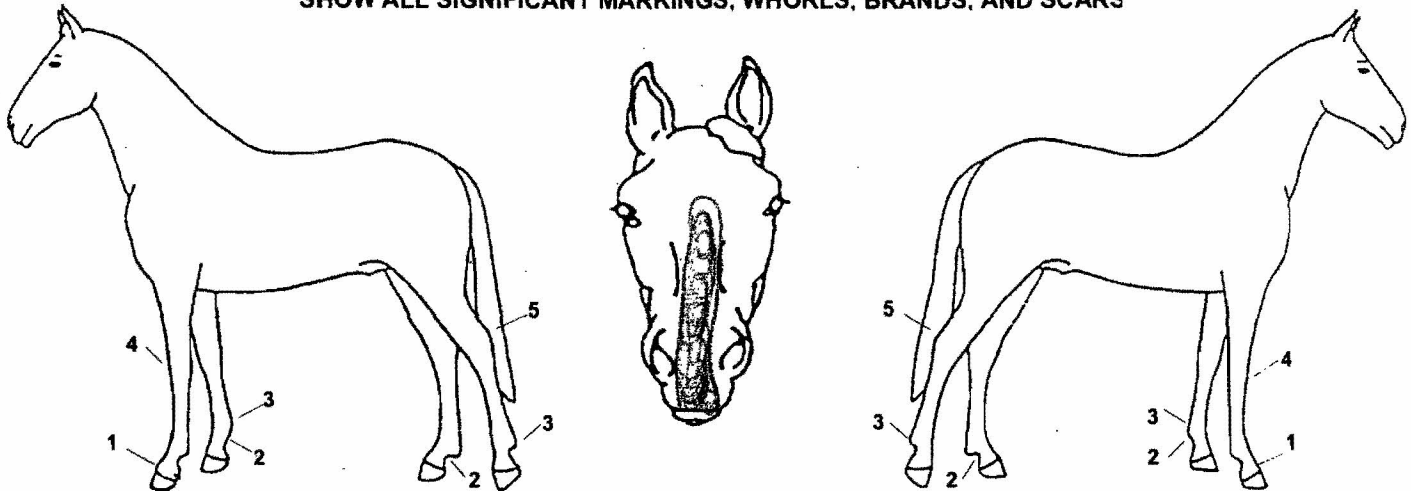
## CERTIFICATION OF OWNER OR OWNER'S AGENT

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.	Official Tao	18. Tattoo/Br	20. Color Grey	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter

985170000372323

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).

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

SERIAL NO.

0679262

1. ACCESSION NUMBER

ACL 12488

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

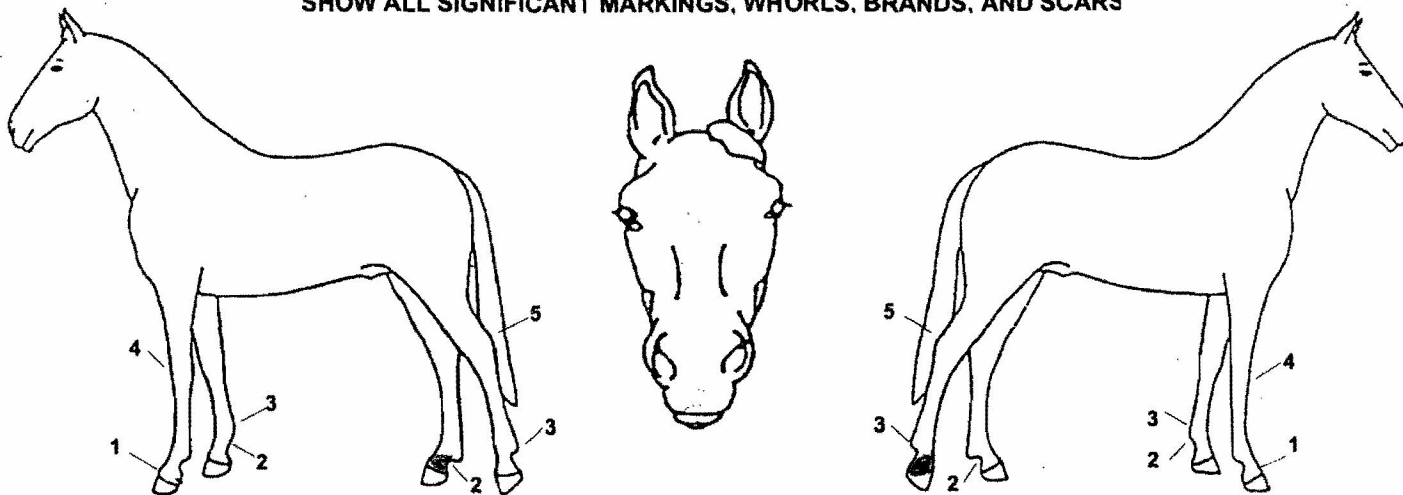
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

I certify 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.	Official Tag	18. Tattoo/Br	20. Color Bay	21. Breed Paint Horse	22. Electronic I.D. No.
985170000328687			23. Age or DOB 2	24. Sex G	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD STON, Srip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Coronet

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).



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

SERIAL NO.

00679263

1. ACCESSION NUMBER

ACT 12489

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show☐ First Test4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

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

C. V. BRASMER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.V. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tau Tatto

985170000341330

20. Color

Black  
White

21. Breed

Paint

22. Electronic  
I.D. No.23. Age or  
DOB

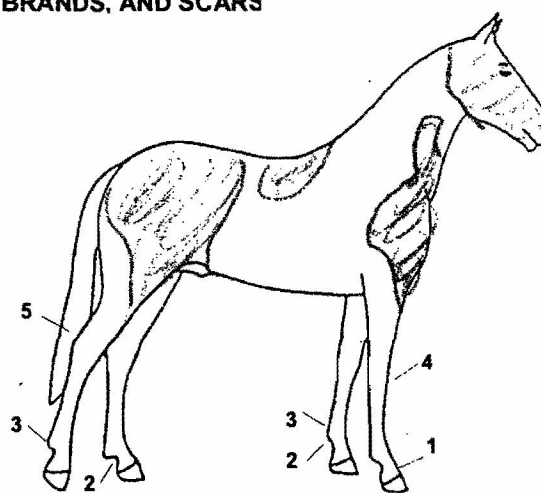
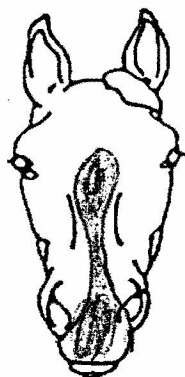
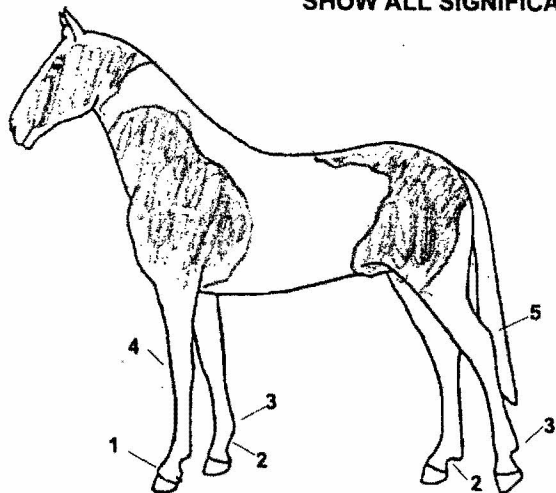
5

24. Sex

M

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Paint

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

0679264

1. ACCESSION NUMBER

ACL 12490

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

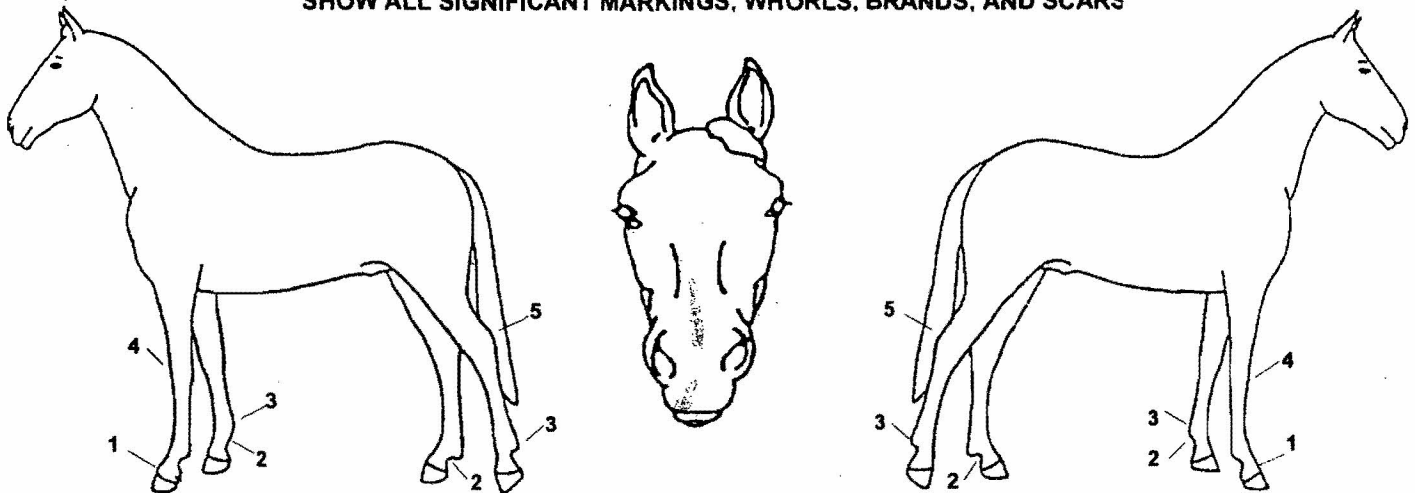
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo	20. Color grey	21. Breed Andalusian	22. Electronic I.D. No.	23. Age or DOB 5	24. Sex F	M - Male F - Female G - Gelding N - Neuter
985170000348343								

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD STON, Snip, Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

00679265

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACT 11563 6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A. Zip Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ S/W LIVESTOCK AUCTION LOS LUNAS, Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**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.

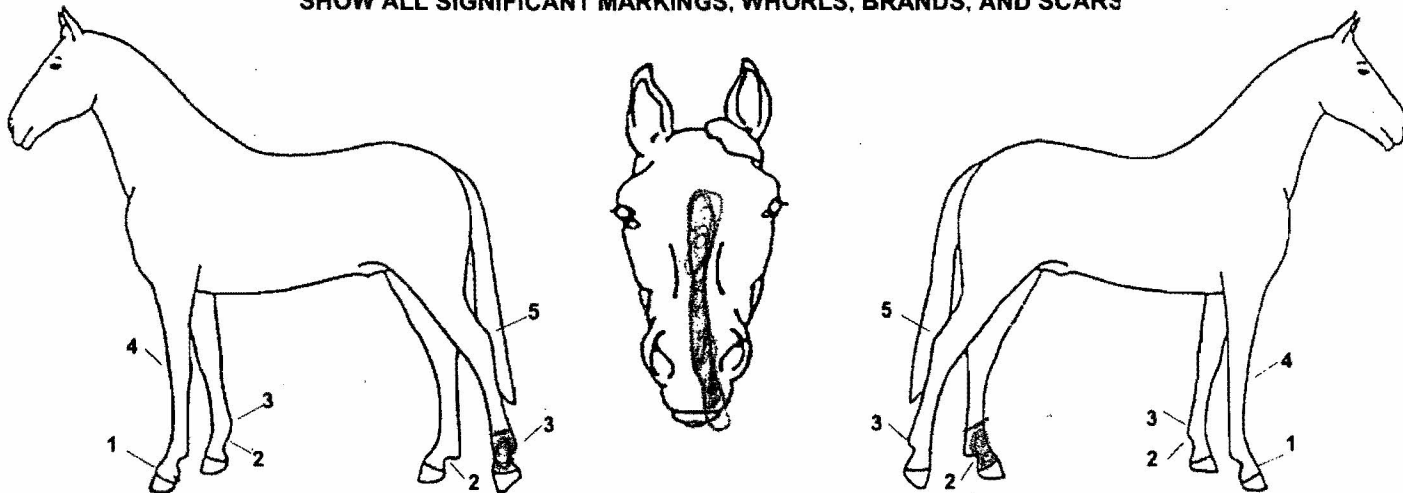
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

I certify I 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.	Official Tag	18. Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Silver	Quarter Horse		9	6	

985170000368204

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).

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

SERIAL NO.

0679266

1. ACCESSION NUMBER

ACL. 11564

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**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.

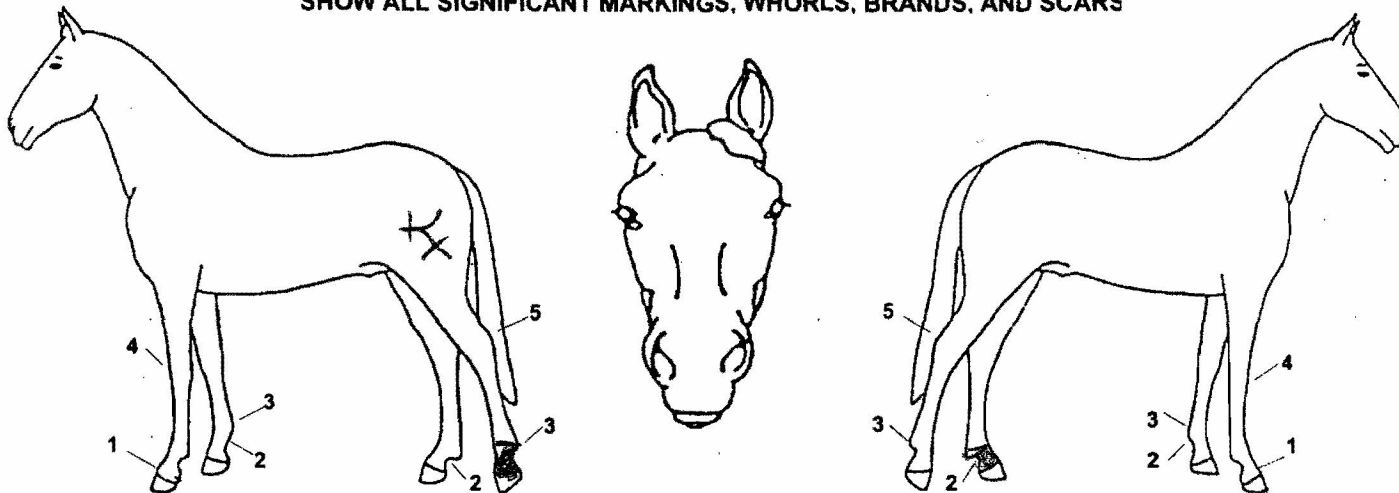
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Black	Quarter Horse		5	F	

985170000366832

**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 +X L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

00679267

1. ACCESSION NUMBER

ACI 11565

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ # S/W LIVESTOCK AUCTION LOS LINAS		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

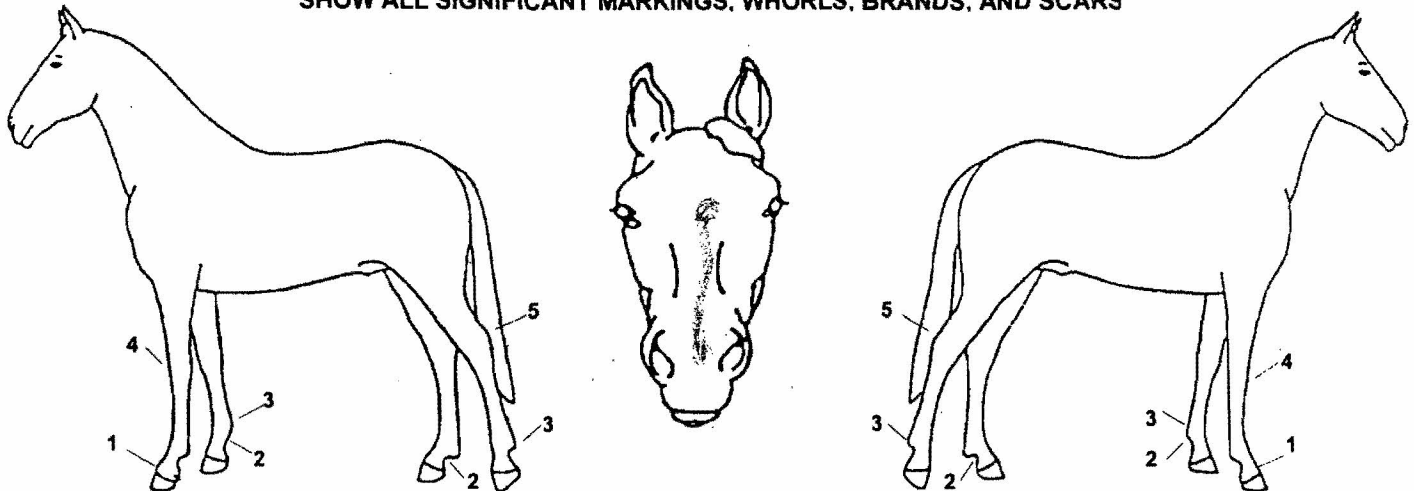
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

I certify 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.	Official Tag	18. Tattoo	19. Barcode 985170000352143	20. Color Bay	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex 6
						25. M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

0679268

1. ACCESSION NUMBER

ACL. 11566

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> 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) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

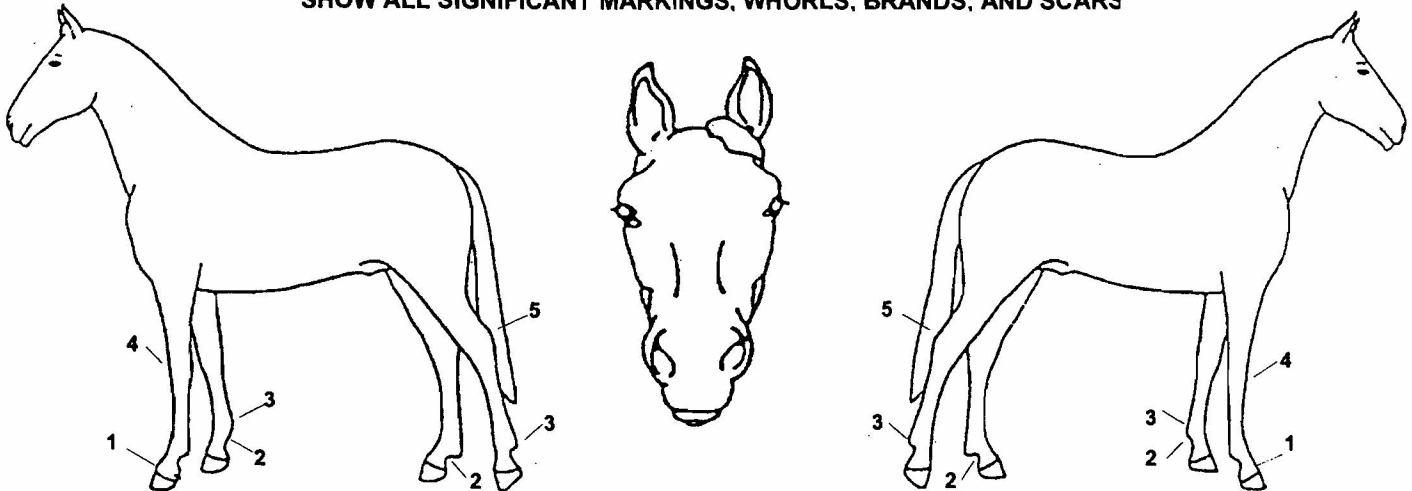
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/E	19. Barcode 985170000367986	20. Color Sorrel	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex 6	M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)			35. 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).



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

SERIAL NO.

00679269

1. ACCESSION NUMBER

ACL 11567

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**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

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

12. SIGNATURE DATE

6/13/10

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

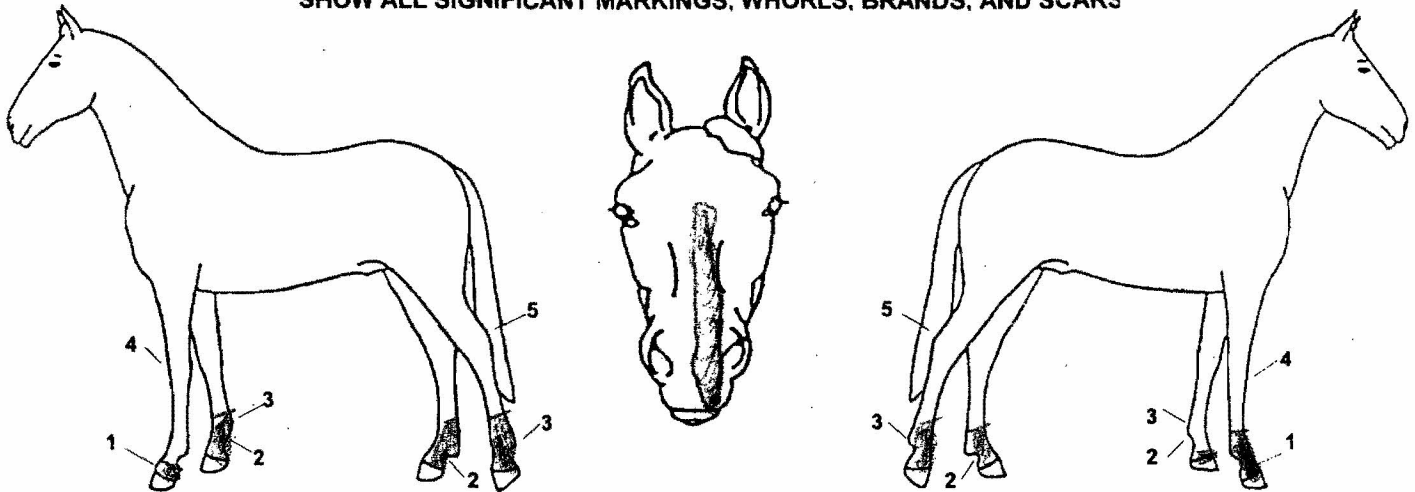
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official	17. Tattoo	Barcode 985170000306269	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	Tao			Saddle	Quarter Horse		3	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 Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sore	28. RIGHT FORELIMB Sore
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB Sore

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

0679270

1. ACCESSION NUMBER

ACL. 11568

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Show ☐ First Test ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tau 1  
Tattoo

985170000306043

20. Color

grey

21. Breed

quarter  
horse22. Electronic  
I.D. No.23. Age or  
DOB

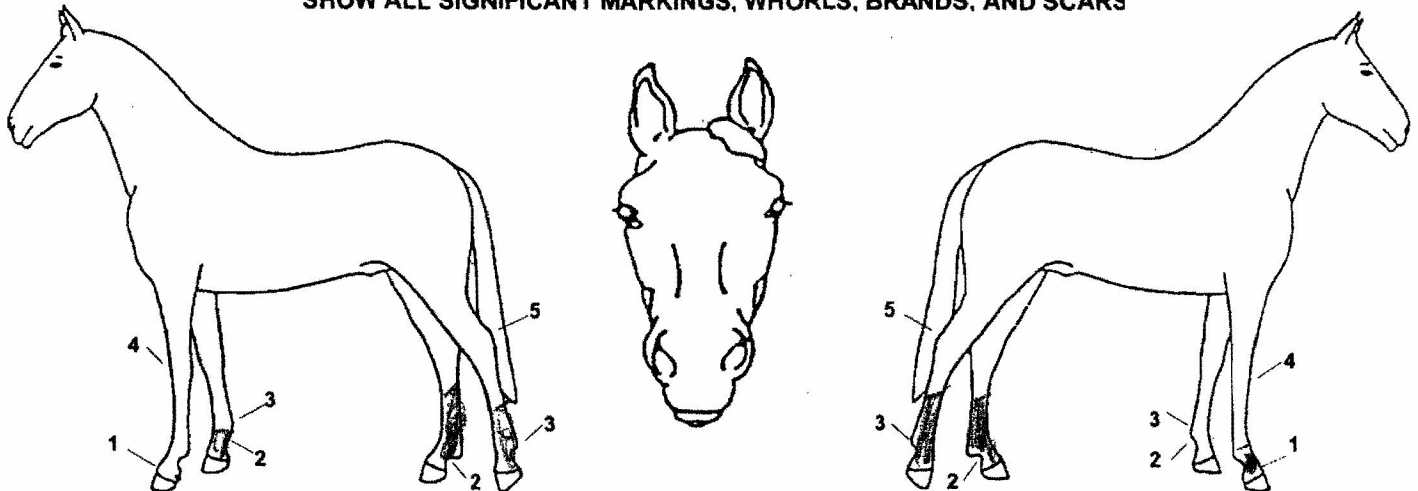
3

24. Sex

9

M - Male  
F - Female  
G - Gelding  
N - Neuter

## 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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).



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

SERIAL NO.

Q0679271

1. ACCESSION NUMBER

ACI 11569

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show ☐ First Test

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)

LAT:  
LONG:

5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASHER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

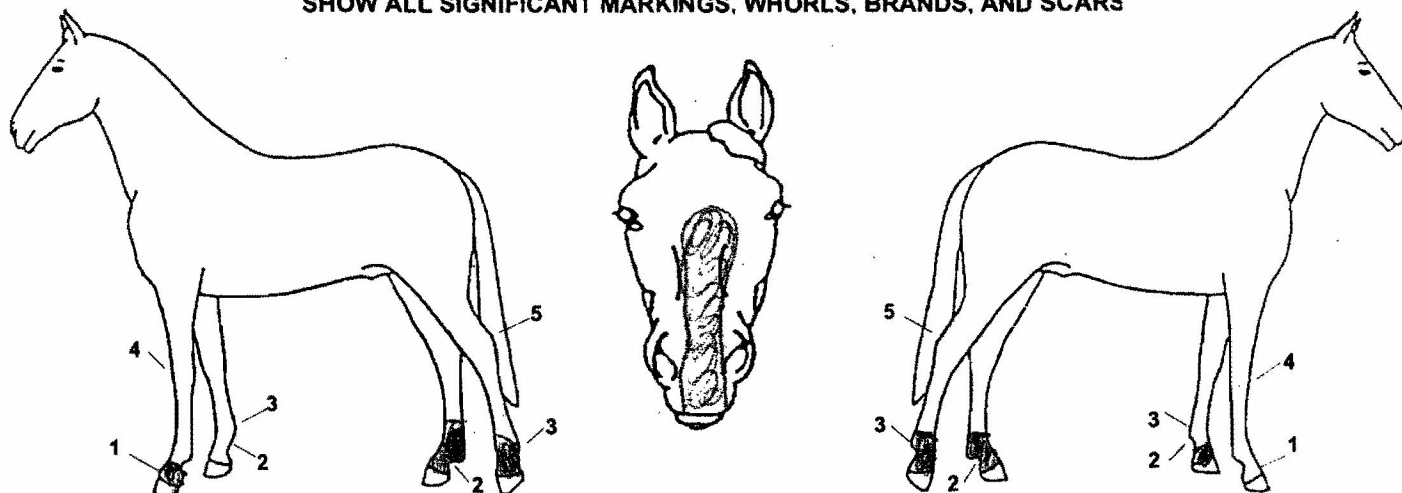
16. Tube No.	Official Tag	18. Tattoo/Brand



985170000368296

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Bay	Quarter Horse		7	G	



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

Crown

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

Sore

## 30. RIGHT HINDLIMB

Sore

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>0679272</b>	1. ACCESSION NUMBER <b>ACL 11570</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
	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"/> Show <input type="checkbox"/> Retest <input checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

## 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.

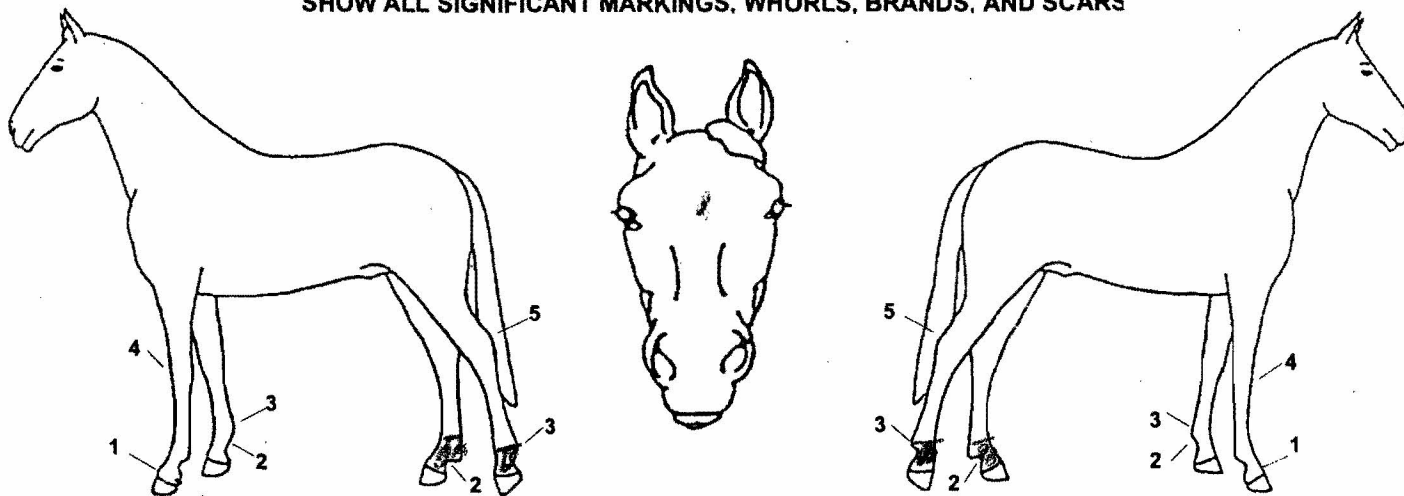
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

## 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.	Official Tag	17. Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Bay	Quarter horse		6	G	

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB Sore

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

00679273

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

AGL 11571 6/13/10

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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

6 S/W LIVESTOCK AUCTION

LOS LUNAS

Zip Code

Tel No.

County

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

C.Y. BRASHER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87126

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.

Official  
Tag

18.  
Tattoo/1



985170000346415

20. Color

Brown

21. Breed

Quarter Horse

22. Electronic  
I.D. No.23. Age or  
DOB

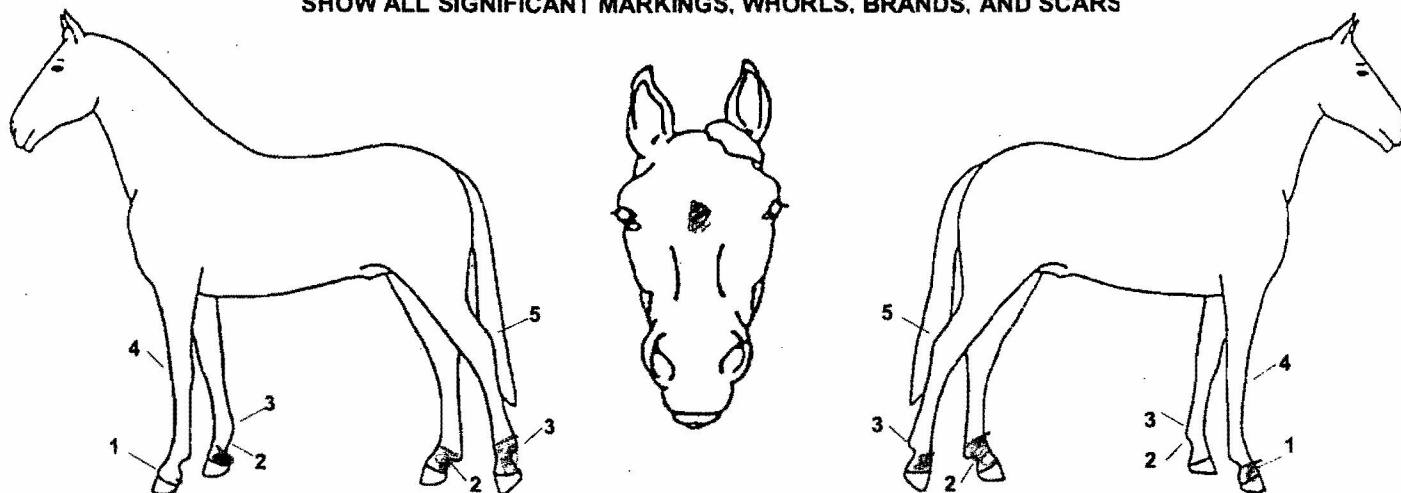
8

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STON

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

Coronet

## 29. LEFT HINDLIMB

Such

## 30. RIGHT HINDLIMB

Such

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 36. REMARKS

Falsification of this form or knowingly using a falsified information 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).

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

SERIAL NO.

0579274

1. ACCESSION NUMBER

ACL 11572

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show☐ First Test4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify 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.Official  
Tao

18. Tattoo/Br



985170000345314

20. Color

Blaze  
white

21. Breed

Paint

22. Electronic  
I.D. No.23. Age or  
DOB

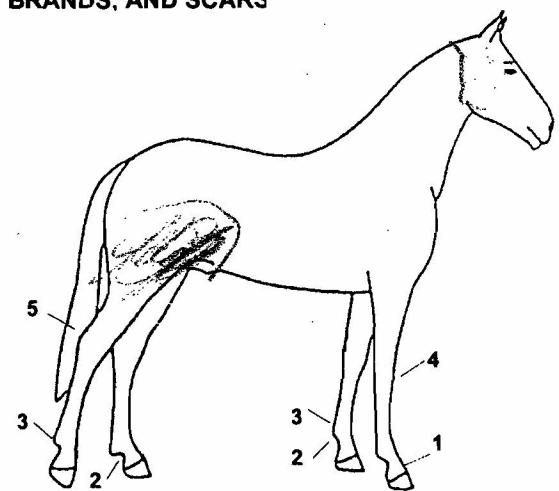
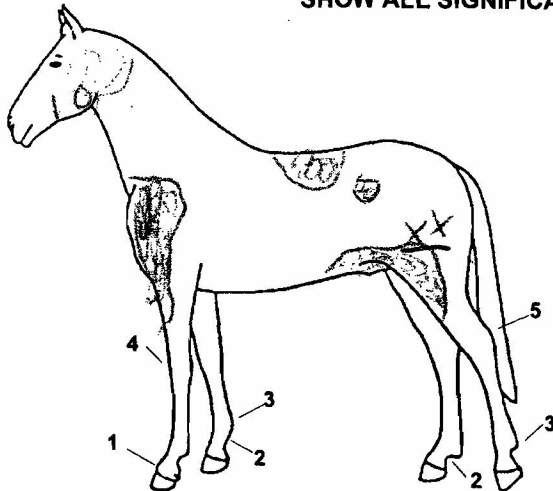
2

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Paint

## 26. OTHER MARKS AND BRANDS

104/2

2 Blue eyes \*\*

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).



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

SERIAL NO.

00679275

1. ACCESSION NUMBER

ACL 11573

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

11671167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

CLOVIS LIVESTOCK AUCTION, INC.

P.O. BOX 1187

Zip Code

CLOVIS, NM

County

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

DENNIS CHAVEZ

c/o S/W LIVESTOCK AUCTION

LOS LUNAS

Zip Code

Tel No.

County

NM

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag

18. Tattoo/B



985170000333360

20. Color

21. Breed

22. Electronic  
I.D. No.23. Age or  
DOB

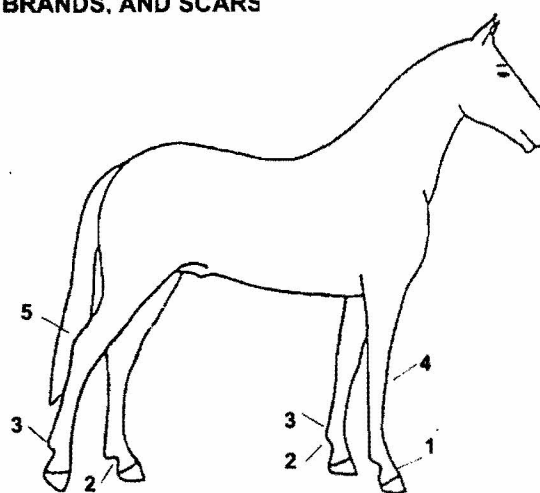
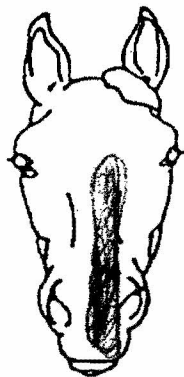
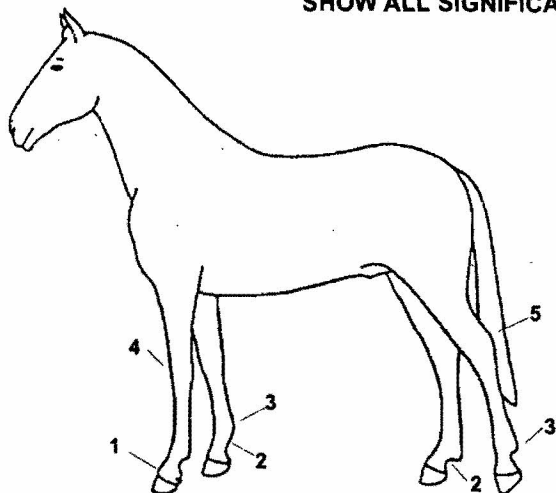
24. Sex

M - Male  
F - Female  
G - Gelding  
N - NeuterSelf / 4 to 6  
horses

3

M

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

0679276

1. ACCESSION NUMBER

ACL 11574

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code  Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 16 S/W. LIVESTOCK AUCTION LOS LUNAS		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM	
Zip Code Tel No. County NM		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**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.

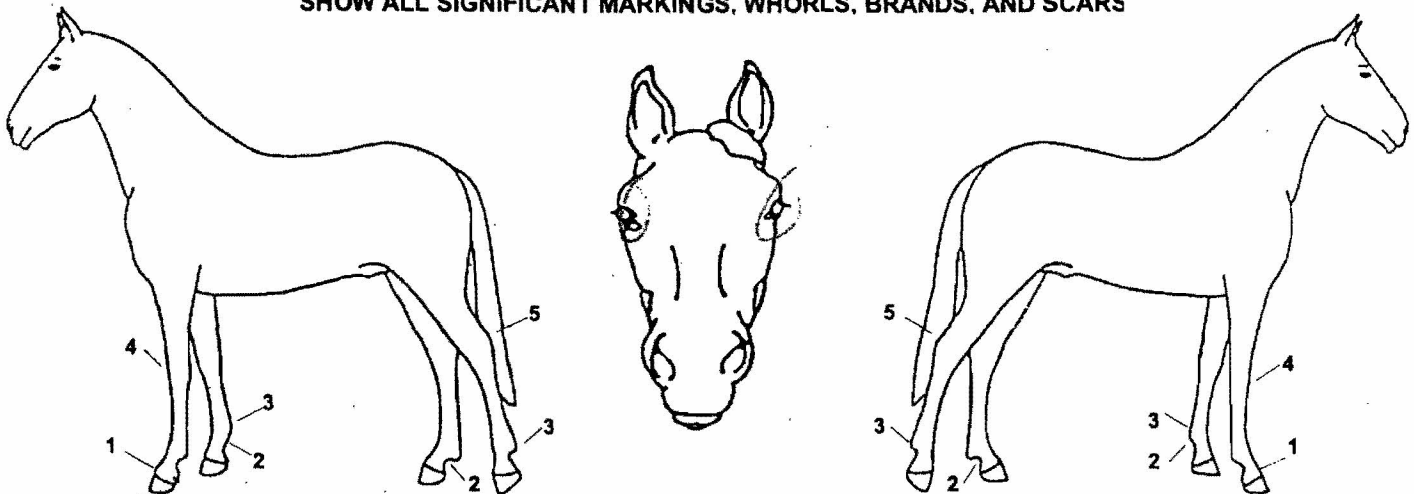
10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
---	---	-------------------------------

**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.	Official Tag	18. Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				mare phase		7	6	

985170000346480

**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 2 Blue Eyes
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).



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

SERIAL NO.

Q0679277

1. ACCESSION NUMBER

ACL 11575

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show ☐ First Test

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)

LAT:  
LONG:

5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

6 S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I 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.

Official  
Tag

18. T:



985170000367637

20. Color

gray

21. Breed

Appaloosa

22. Electronic  
I.D. No.

23. Age or  
DOB

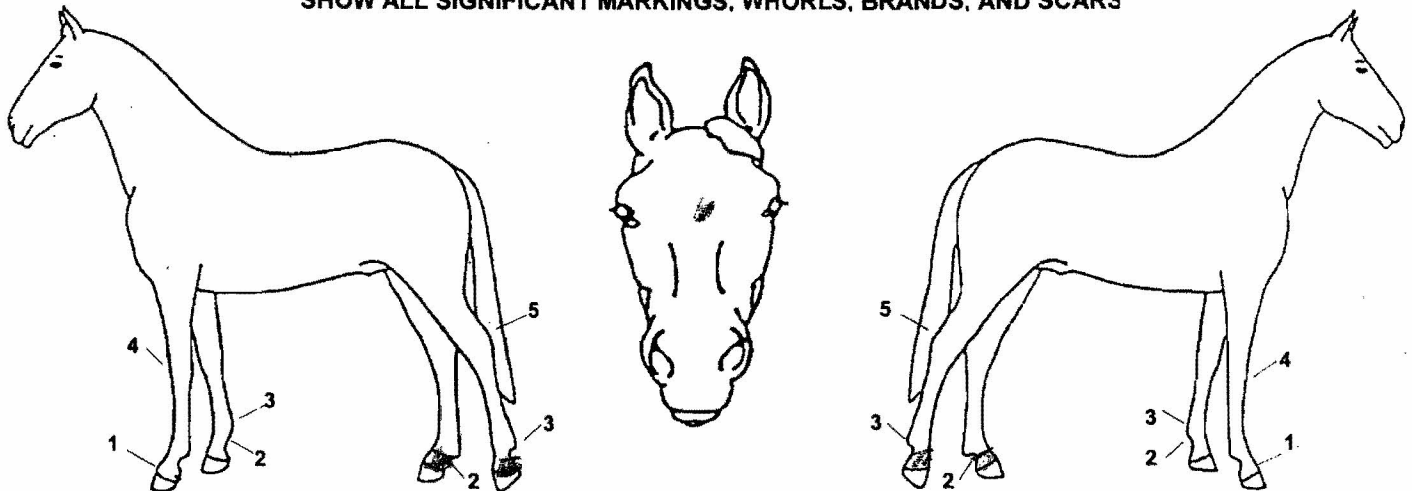
10

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STAR

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

Coronet

## 30. RIGHT HINDLIMB

Coronet

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 36. SIGNATURE (b)(6)

## 35. 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).

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

SERIAL NO.

0679278

1. ACCESSION NUMBER

ACL 11576

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ First Test ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

# S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify 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. Official  
Tag 18. Tattoo/Br.

985170000332963

20. Color

Red  
Roan

21. Breed

Quarter  
Horse22. Electronic  
I.D. No.23. Age or  
DOB

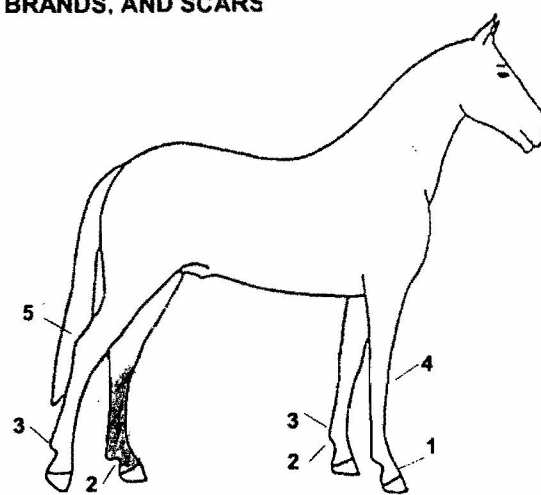
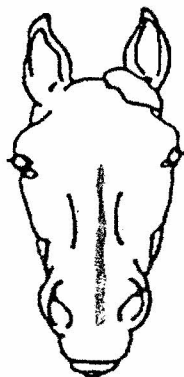
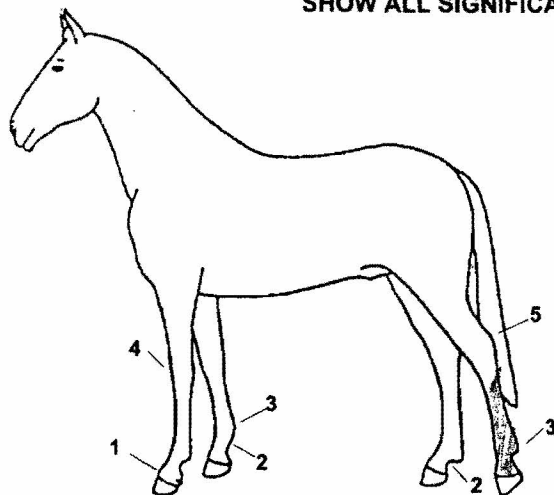
7

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

Socks

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).



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

SERIAL NO.

Q0679279

1. ACCESSION NUMBER

ACI 11577

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code  County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM.	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

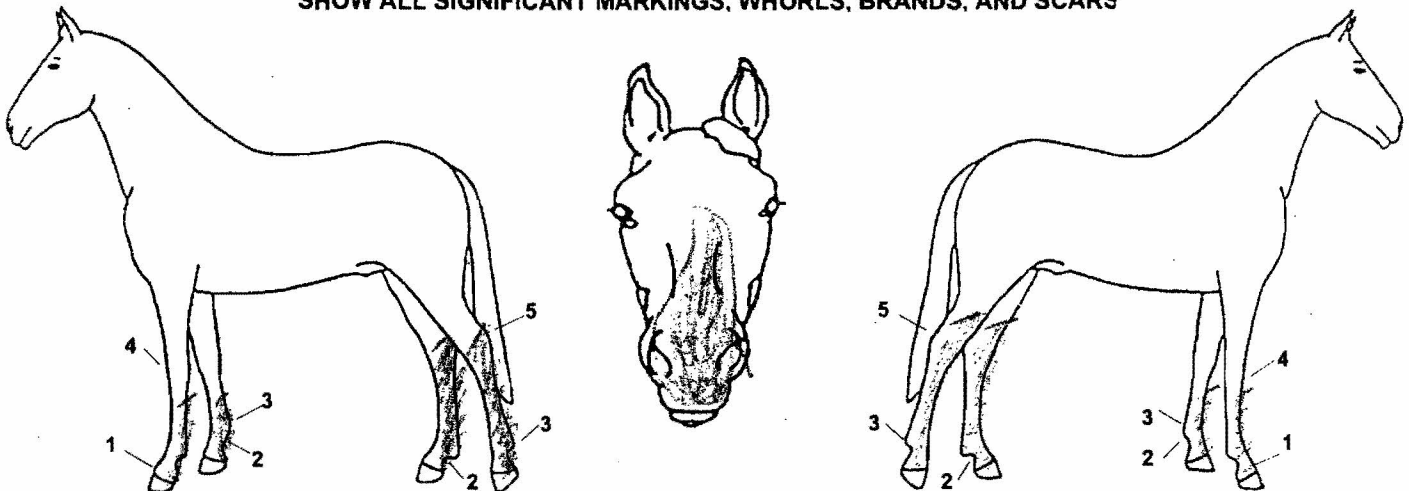
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	Tat	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Solid	Quarter Horse		10	C	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Blaze	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sore	28. RIGHT FORELIMB Sore
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB Sore

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. 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).

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

SERIAL NO.

0679280

1. ACCESSION NUMBER

ACL. 11578

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W, LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

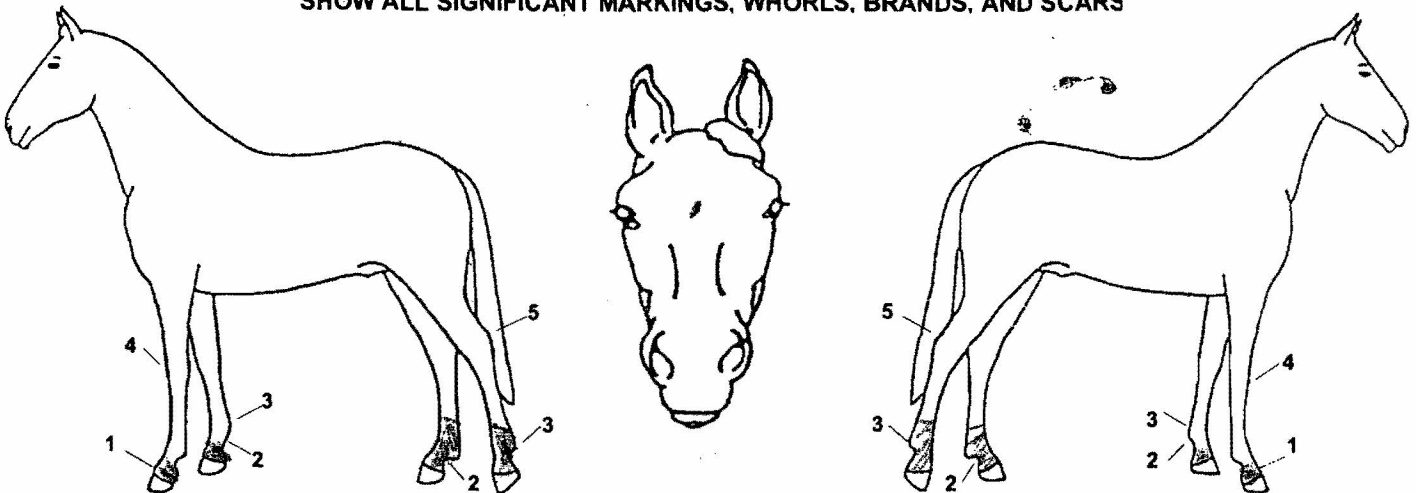
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tao	Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Red Roan	Quarter Horse		8	G	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Ston	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Suck	28. RIGHT FORELIMB Suck
29. LEFT HINDLIMB Suck	30. RIGHT HINDLIMB Suck

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

00679281

1. ACCESSION NUMBER

ACL. 11579

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Relest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ S/W. LIVESTOCK AUCTION LOS ALAMOS Zip Code Tel No. County NM.	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLA			

**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.

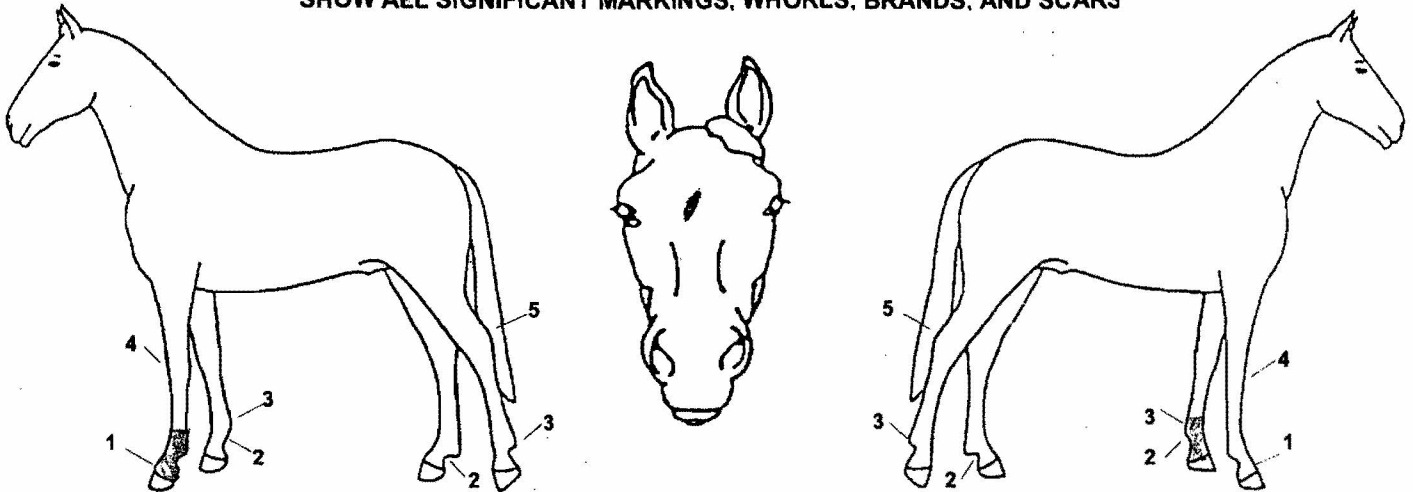
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Br	20. Color Rex Ruan			21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter

985170000367533

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Scars	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

0679282

1. ACCESSION NUMBER

ACL 11580

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  Zip Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ # S/W. LIVESTOCK AUCTION. LOS LUNAS. Zip Code Tel No. County NM.			

**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.

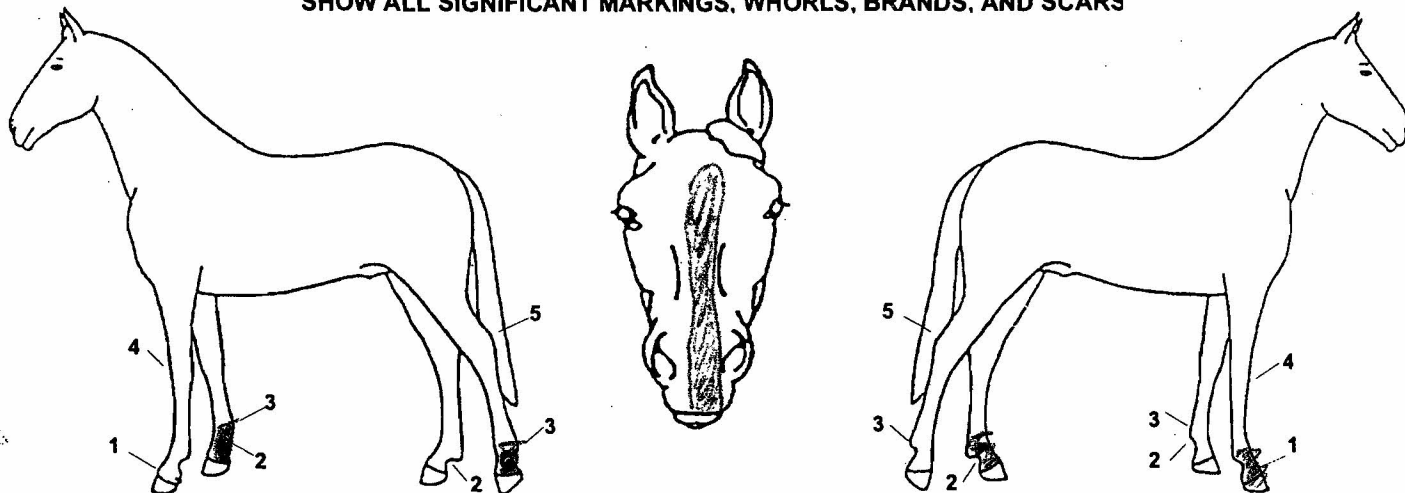
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	1a. Tattoc	20. Color			21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Saddle			Quarter horse		4	G	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB Sore

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

00679283

1. ACCESSION NUMBER

ACL 11581

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official Tag 1R Tattoo



985170000368518

20. Color

White

21. Breed

Paint

22. Electronic I.D. No.

23. Age or DOB

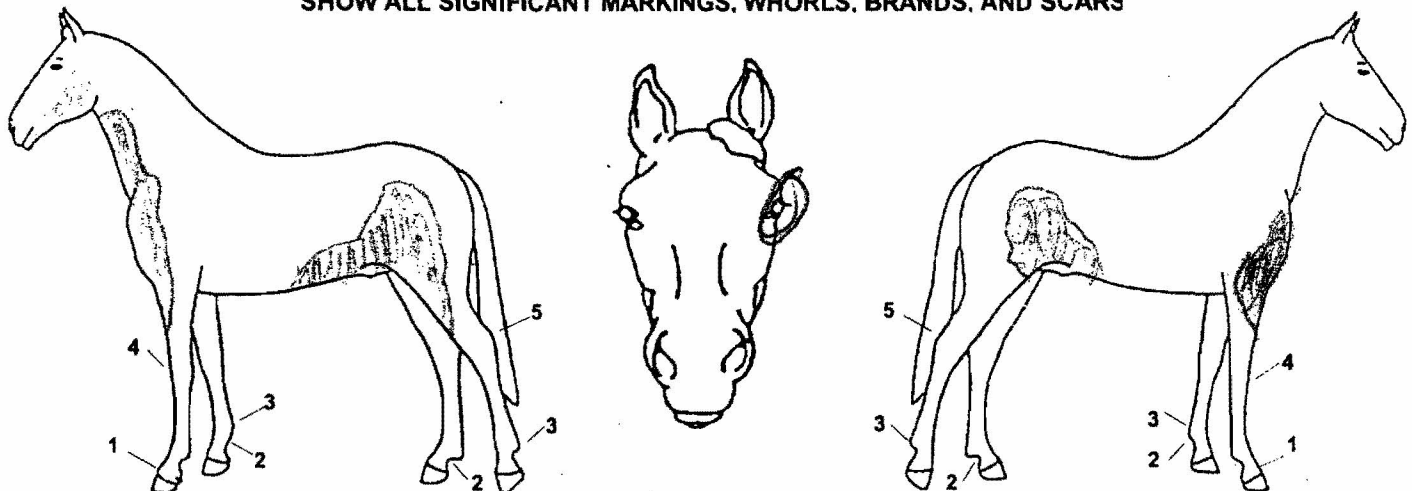
5

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Paint

## 26. OTHER MARKS AND BRANDS

Light Blue Eyes

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)		SERIAL NO. <b>0679284</b>	1. ACCESSION NUMBER <b>ACL 11582</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>N/A.</b>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1167</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code <b>87120</b>
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b>		
Tel No. County <b>NM.</b>		Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>		


## 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.

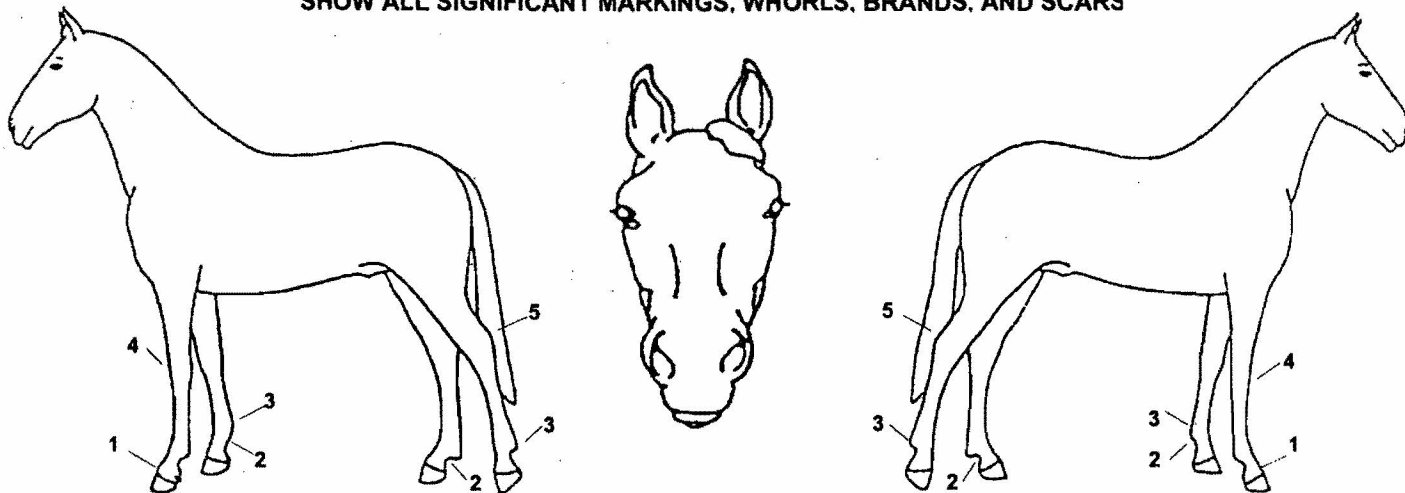
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 	11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>	12. SIGNATURE DATE <b>6/13/10</b>
---	--	--------------------------------------

## 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.	Official Tag	18. Tattoo/Br.	20. Color <b>Bay</b>	21. Breed <b>Quarter Horse</b>	22. Electronic I.D. No.
 <b>985170000367913</b>			23. Age or DOB <b>6</b>	24. Sex <b>G</b>	M - Male F - Female G - Gelding N - Neuter

## 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

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN 		35. 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).



<b>U.S. DEPARTMENT OF AGRICULTURE</b> <b>ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b> <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)			SERIAL NO. <b>0679285</b>	1. ACCESSION NUMBER <b>ACL. 11583</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>					
3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>N/A.</b>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1167</b>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>(d S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b> Zip Code _____ Tel No. _____ County <b>NM.</b>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b> Zip Code <b>87120</b> Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>		


**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

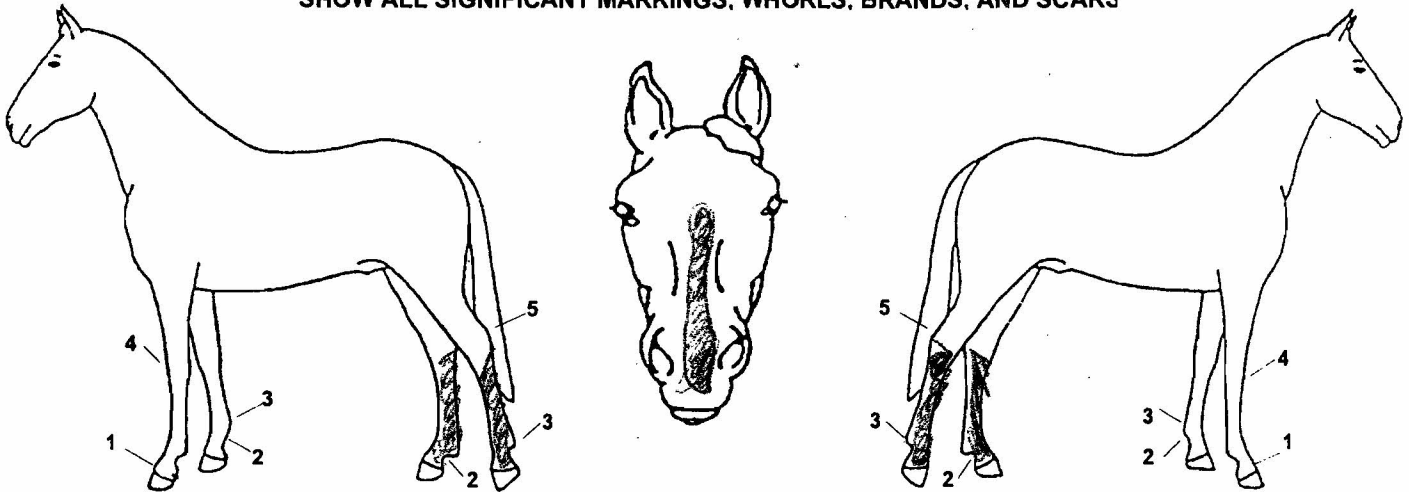
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <div style="background-color: black; width: 100px; height: 40px; margin: 5px;"></div>	11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>	12. SIGNATURE DATE <b>6/13/10</b>
---	--	--------------------------------------

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

I certify 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 <div style="background-color: black; width: 100px; height: 40px; margin: 5px;"></div>			14. TYPE OR PRINT SIGNATURE NAME 			15. SIGNATURE DATE 			
16. Tube No.	Official Tag	Tattoo	 <b>985170000343357</b>	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				<b>Rouan</b>	<b>Quarter Horse</b>		<b>12</b>	<b>6</b>	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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


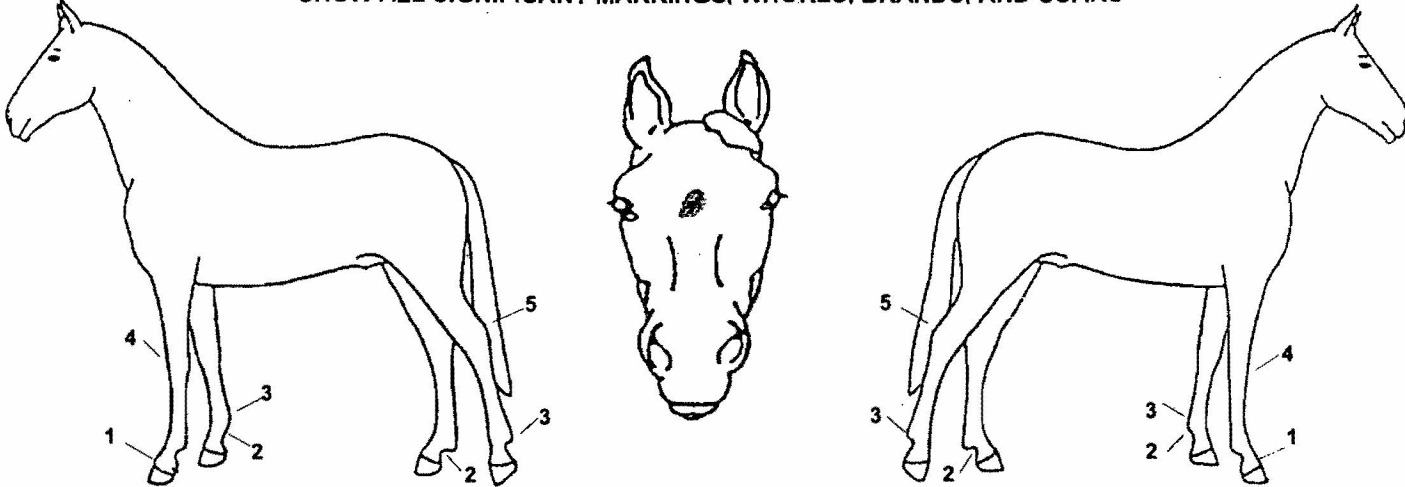
**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD <b>Strip</b>	26. OTHER MARKS AND BRANDS 
27. LEFT FORELIMB 	28. RIGHT FORELIMB 
29. LEFT HINDLIMB <b>Sochi</b>	30. RIGHT HINDLIMB <b>Sochi</b>

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <div style="background-color: black; width: 100px; height: 40px; margin: 5px;"></div>			35. 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)				SERIAL NO. <b>0579286</b>	1. ACCESSION NUMBER <b>ACL 11584</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>						
3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export				7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1167</b>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code _____ County _____
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b> Zip Code _____ Tel No. _____    County <b>NM.</b>				9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b> Zip Code <b>87120</b> Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>		
<b>CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN</b> 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 <div style="background-color: black; color: red; padding: 2px;">(b)(6)</div>				11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>		12. SIGNATURE DATE <b>6/13/10</b>
<b>CERTIFICATION OF OWNER OR OWNER'S AGENT</b> I certify _____ 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 <div style="background-color: black; color: red; padding: 2px;">(b)(6)</div>				14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE
16. Tube No. _____	Official Tag _____	18. Tattoo/Brand _____	 <b>985170000336494</b>		20. Color <b>Bay</b>	21. Breed <b>Quarter horse</b>
			22. Electronic I.D. No. _____	23. Age or DOB <b>4</b>	24. Sex <b>F</b>	M - Male F - Female G - Gelding N - Neuter
<b>SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS</b>						
						
1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock						
<b>NARRATIVE DESCRIPTION AND REMARKS</b>						
25. HEAD <b>STAR</b>				26. OTHER MARKS AND BRANDS		
27. LEFT FORELIMB				28. RIGHT FORELIMB		
29. LEFT HINDLIMB				30. RIGHT HINDLIMB		
<b>FOR LABORATORY USE ONLY</b>						
31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>			32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
			36. SIGNATURE OF TECHNICIAN <div style="background-color: black; color: red; padding: 2px;">(b)(6)</div>		35. 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).



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

SERIAL NO.

Q0679287

1. ACCESSION NUMBER

11585

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W LIVESTOCK AUCTION

LOS ALAMOS

Zip Code

Tel No.

County

NM

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNARD 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

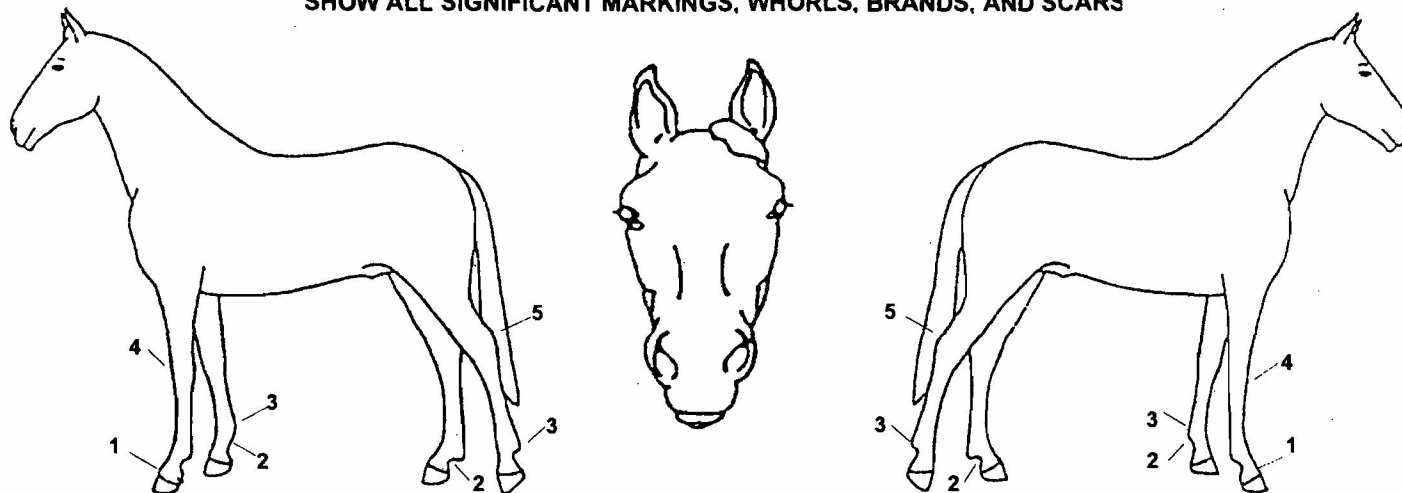
## 15. SIGNATURE DATE

16. Tube No.	Official Tao	18. Tattoo/B



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
gray	Quarter horse		3	8	

**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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. 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).

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

SERIAL NO.

0679288

1. ACCESSION NUMBER

ACL 11586

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

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

C.Y. KRASMER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. KRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag Tattoo



985170000345464

20. Color

Rus

21. Breed

Quarter  
horse22. Electronic  
I.D. No.23. Age or  
DOB

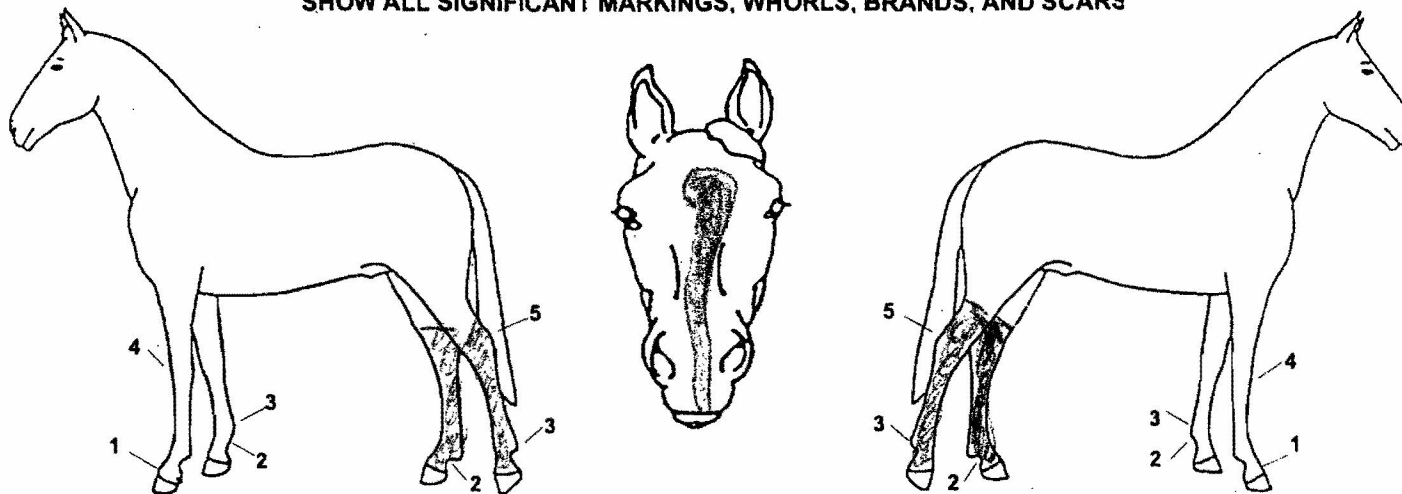
3

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

Scar

## 30. RIGHT HINDLIMB

Scar

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).



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

SERIAL NO.

Q0679289

1. ACCESSION NUMBER

ACI 1587

2. DATE BLOOD  
DRAWN

6/13/10

**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  
☐ Retest☐ First Test  
☒ Export4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87110

Tel No.

(505) 610-4711

County

BERNARD

## 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 FEDERAL (b)(6)

VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.Official  
Tag

Tat



985170000374584

20. Color

Brown  
white

21. Breed

Paint

22. Electronic  
I.D. No.23. Age or  
DOB

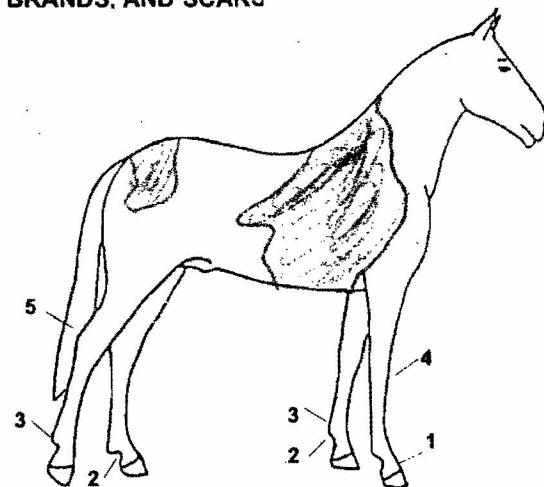
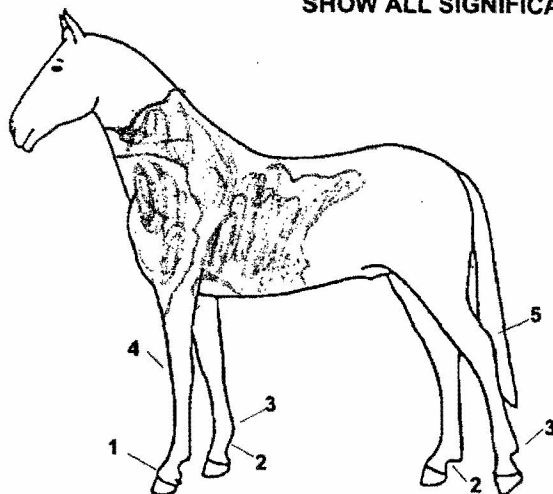
4

24. Sex

C

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Paint

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative☐ Positive☐ AGID☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

0679290

1. ACCESSION NUMBER

ACL 11588

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 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)

DENNIS CHAVEZ

c S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code 87126

Tel No. (505) 610-4711

County BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.

Official  
Tag

18.  
Tattoo/B

985170000352758



20.  
Color

21.  
Breed

22.  
Electronic  
I.D. No.

23.  
Age or  
DOB

24.  
Sex

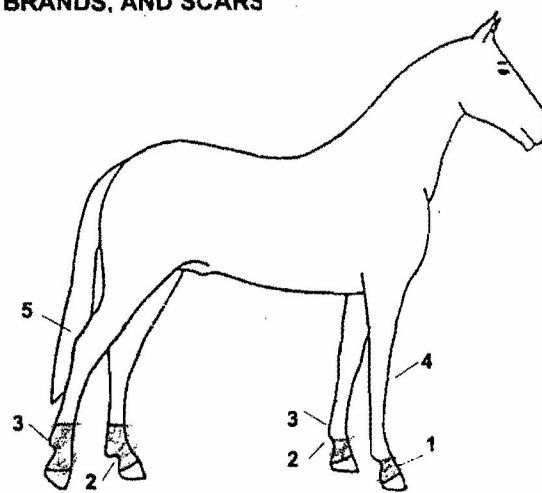
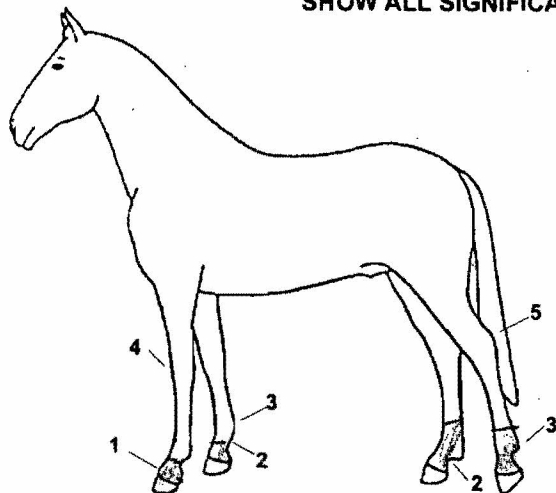
M - Male  
F - Female  
G - Gelding  
N - Neuter

Buckskin Quarter  
horse

6

6

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

Soch

## 28. RIGHT FORELIMB

Soch

## 29. LEFT HINDLIMB

Soch

## 30. RIGHT HINDLIMB

Soch

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).



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

SERIAL NO.

00679291

1. ACCESSION NUMBER

11589

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

6 S/W LIVESTOCK AUCTION

LOS LUNAS

Zip Code

Tel No.

County

NM.

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

C.Y. BRASHER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

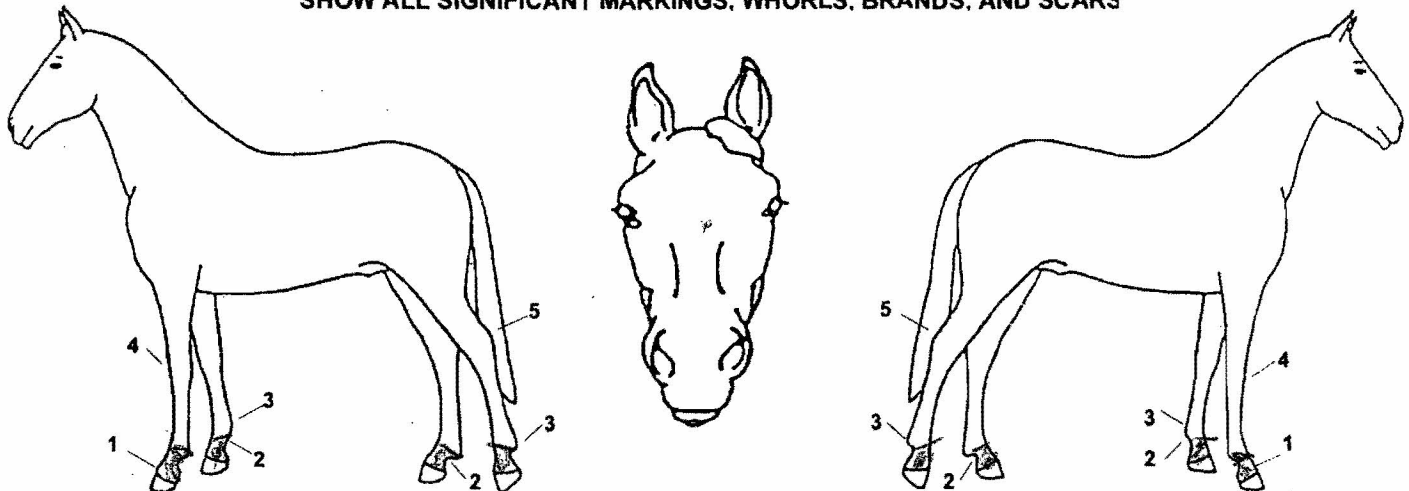
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	Buckskin		4	6	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STON

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

Soch

## 28. RIGHT FORELIMB

Soch

## 29. LEFT HINDLIMB

Soch

## 30. RIGHT HINDLIMB

Soch

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).

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

SERIAL NO.  
**0679292**

1. ACCESSION NUMBER

ACL. 11590

2. DATE BLOOD DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION, LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5906 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

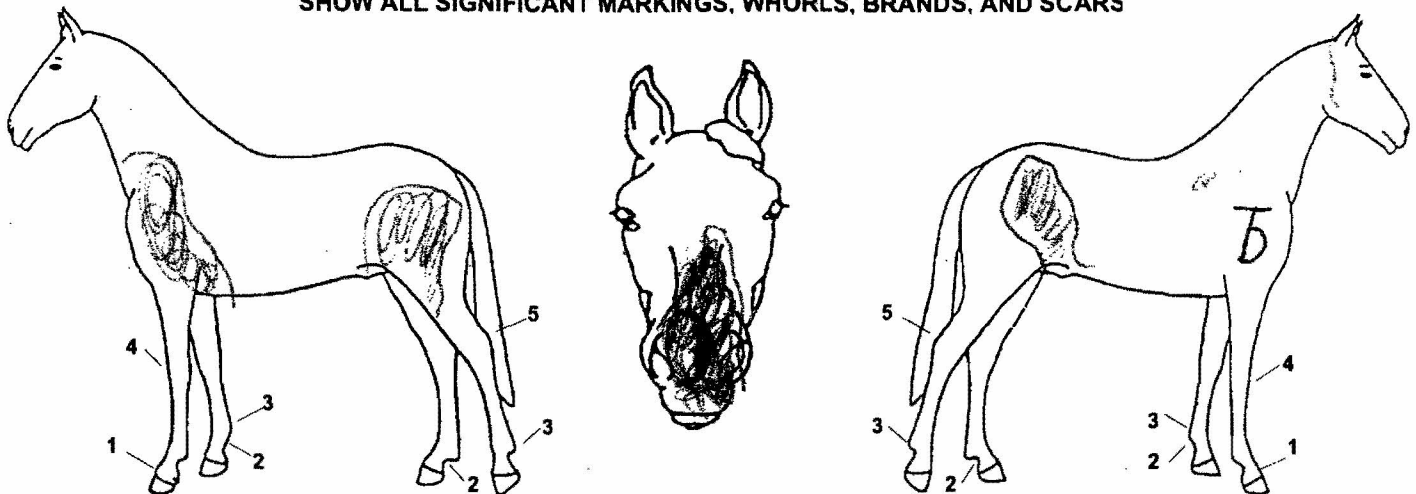
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color Brown White	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex G	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Paint	26. OTHER MARKS AND BRANDS B R/S
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified specimen 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).



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

SERIAL NO.

0679293

1. ACCESSION NUMBER

ACL 11591

2. DATE BLOOD  
DRAWN

6/13/10

**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

☐ Show ☐ First Test  
☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

E/A.

Zip Code

Tel No.

County

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

GERARDO CHAVEZ  
c/o S/W LIVESTOCK AUCTION  
LOS LUNAS,  
Tel No. County NM.

Zip Code

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

C.Y. BRASNER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag 18  
Tattoo



985 170 000 665 986

20. Color  
App  
Pp. IT

21. Breed  
App  
Pp. IT

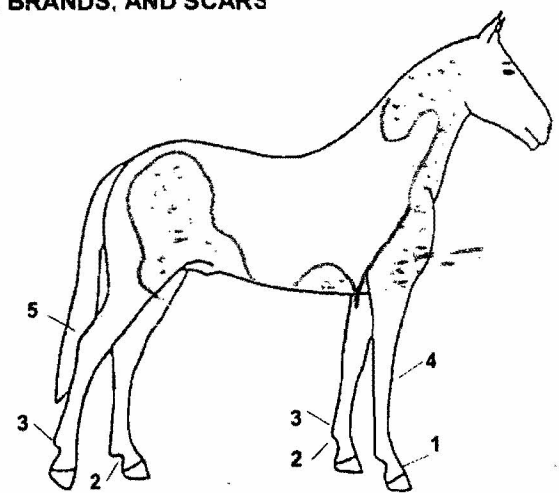
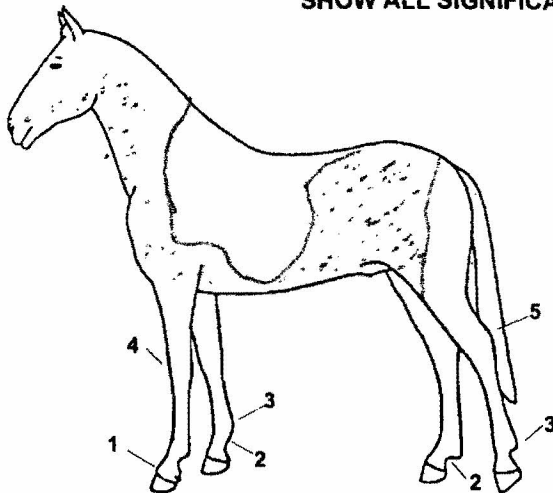
22. Electronic  
I.D. No.

23. Age or  
DOB

24. Sex

M - Male  
F - Female  
G - Gelding  
N - Neuter

## 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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

0679294

1. ACCESSION NUMBER

11592

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☐ Export

☐ Show ☐ First Test

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BLASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

(505) 610 4711

Zip Code

Tel No.

County

87120

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BLASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tau

18.  
Tattoo/Bra



985 170 000 666 250

20.  
Color

Bay

21.  
Breed

Quarter  
horse

22.  
Electronic  
I.D. No.

23.  
Age or  
DOB

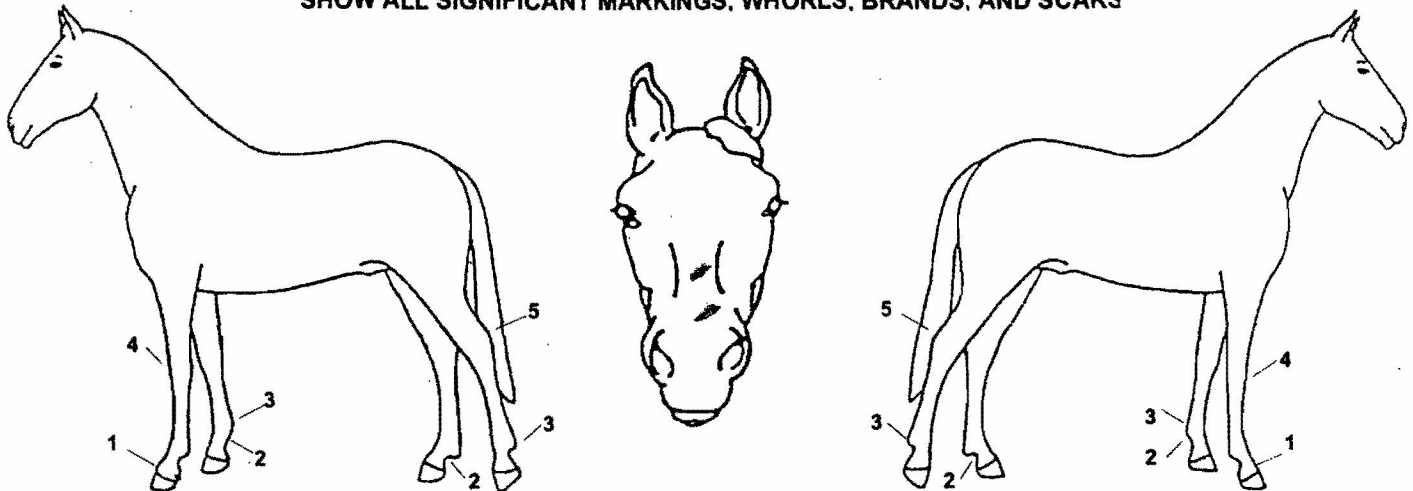
8

24.  
Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

**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

White marks on nose.

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. 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).



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

SERIAL NO.

0679295

1. ACCESSION NUMBER

ACT 11593

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.V. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BURNHAM

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.V. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

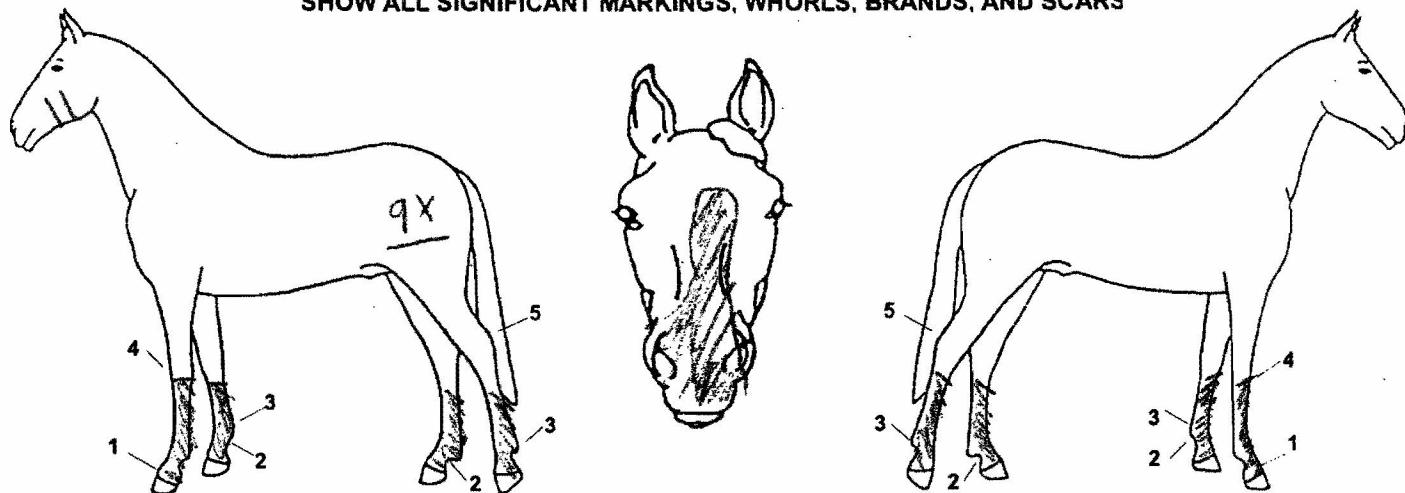
16. Tube No.	Official Tag	18. Tattoo/Br



985 170 000 665 971

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Roan	Paint		4	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

Strip

## 26. OTHER MARKS AND BRANDS

11 4/8 9X 4/11

## 27. LEFT FORELIMB

Suck

## 28. RIGHT FORELIMB

Suck

## 29. LEFT HINDLIMB

Suck

## 30. RIGHT HINDLIMB

Suck

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

0679296

1. ACCESSION NUMBER

ACL. 11594

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☐ Export

☐ Show☐ First Test

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

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

a S/W LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I 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.Official  
Tag

Tat



19.

985 170 000 656 794

20. Color

21. Breed

22. Electronic  
I.D. No.23. Age or  
DOB

24. Sex

M - Male  
F - Female  
G - Gelding  
N - Neuter

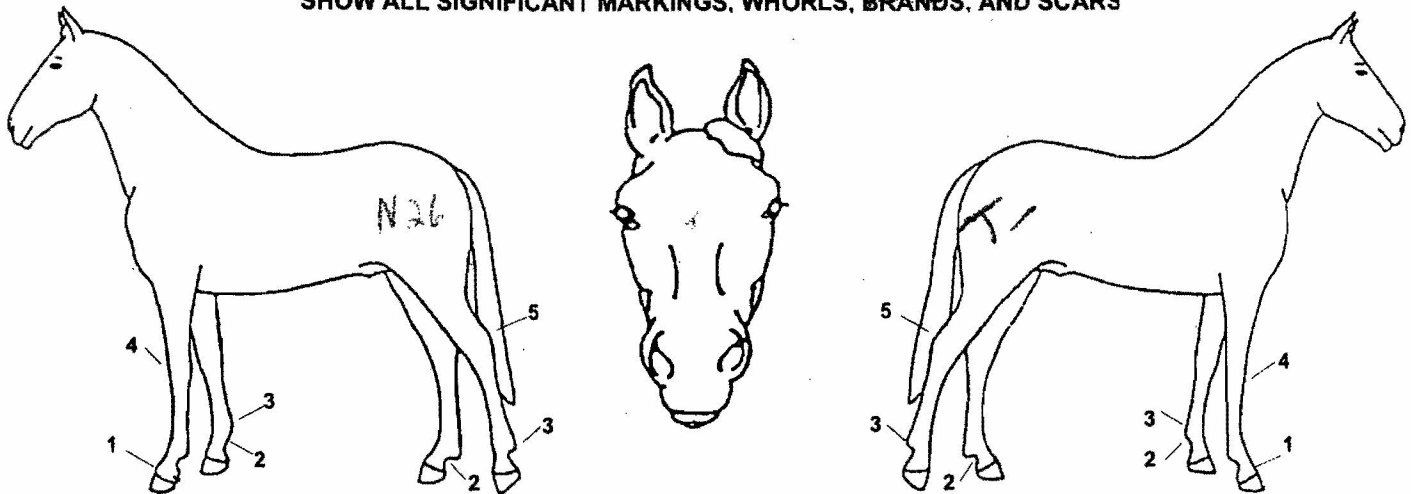
Run

Quarter

4

6

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STON

## 26. OTHER MARKS AND BRANDS

N26 4H K - R/H

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. 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).



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)		SERIAL NO. <b>00679297</b>	1. ACCESSION NUMBER <b>ACL 11147</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>				
3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  <div style="text-align: center;">N/A.</div>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  <div style="text-align: center;">1167</div>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>6 S/W. LIVESTOCK AUCTION</b> <b>LOS LUNAS.</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASNER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b>		
Tel No.   County		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 <div style="background-color: black; width: 100px; height: 40px; margin: 5px 0;"></div>	11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASNER DVM.</b>	12. SIGNATURE DATE <b>6/13/10</b>
---	--	--------------------------------------

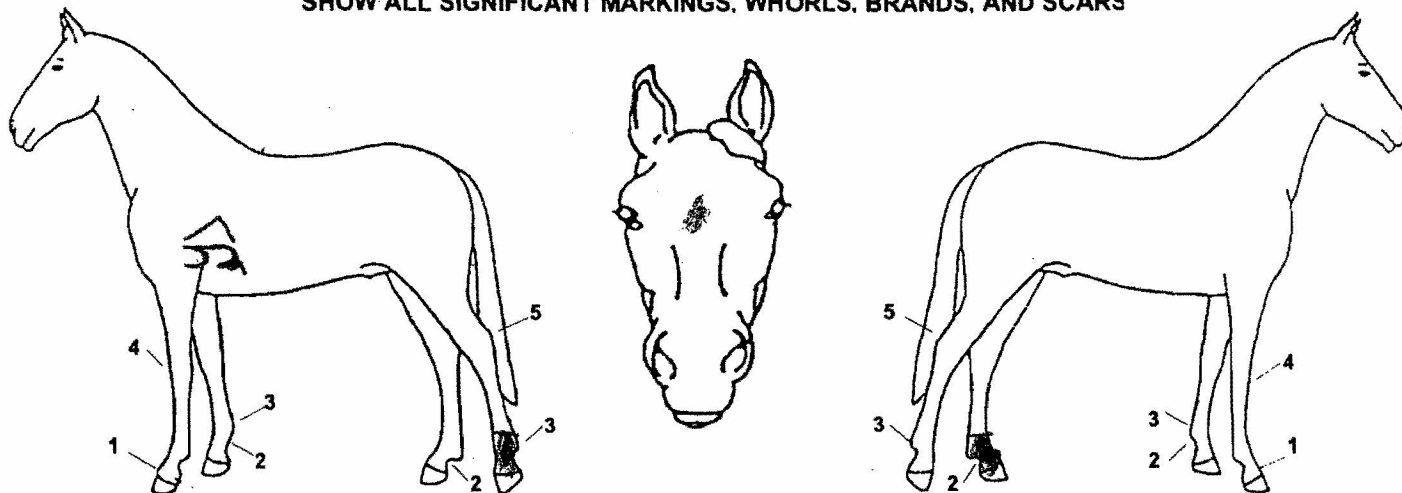
### CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <div style="background-color: black; width: 100px; height: 40px; margin: 5px 0;"></div>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--	----------------------------------	--------------------

16. Tube No.	Official	Tau	17. Barcode 	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			985 170 000 652 296	Solid	Quarter Horse		4	6	

### SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

### NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <b>Star</b>	26. OTHER MARKS AND BRANDS <b>J2 4/5</b>
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <b>Soch</b>	30. RIGHT HINDLIMB

### FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <div style="background-color: black; width: 100px; height: 40px; margin: 5px 0;"></div>			35. 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).

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

SERIAL NO.

0679298

1. ACCESSION NUMBER

AGL 11148

2. DATE BLOOD  
DRAWN

6/13/10

**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

☐ Show ☐ First Test  
☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASNER DVM.

5910 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNATILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

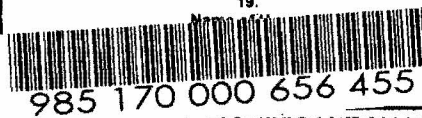
I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

## 13. SIGNATURE OF OWNER OR OWNER'S AGENT

## 14. TYPE OR PRINT SIGNATURE NAME

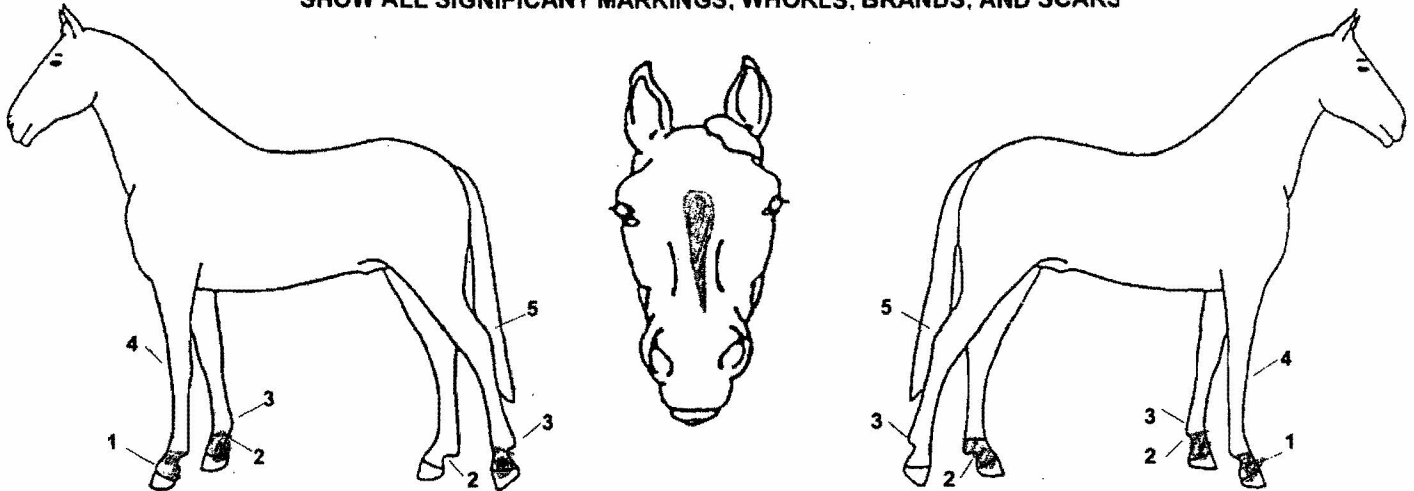
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Yellow/White	Quarter Horse			46	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

Soak

## 28. RIGHT FORELIMB

Soak

## 29. LEFT HINDLIMB

Soak

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. REMARKS

Falsification of this form or knowingly using a false statement 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).



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

SERIAL NO.

00679299

1. ACCESSION NUMBER

ACT 11149

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ S/W LIVESTOCK AUCTION LOS ALAMOS Zip Code Tel No. County
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

**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

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

12. SIGNATURE DATE

6/13/10

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

I certify 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

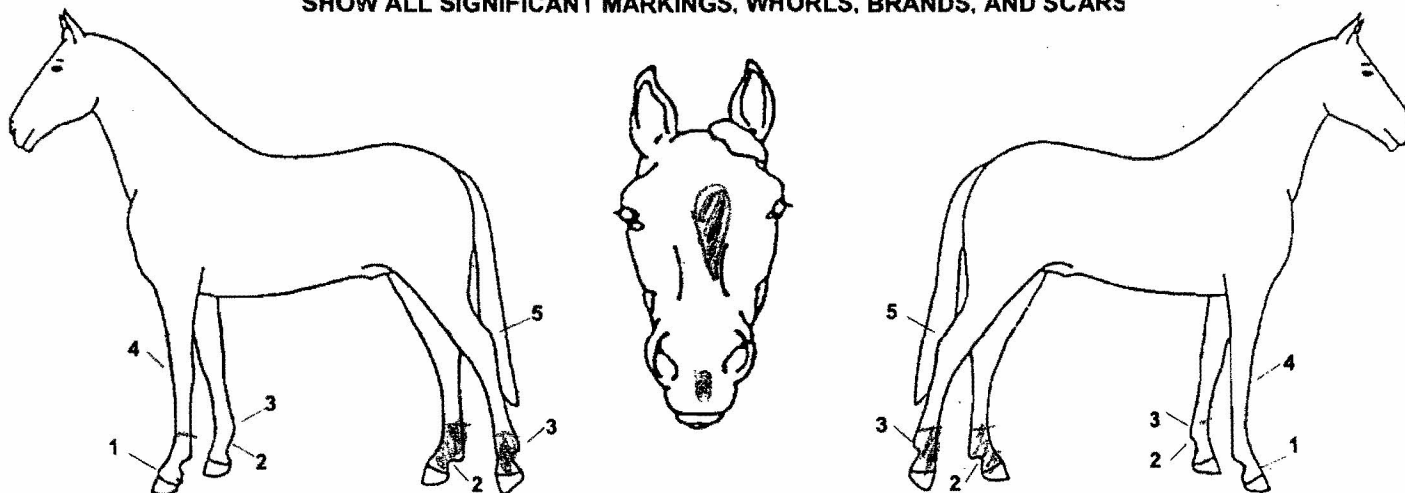
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Roan	Quarter horse		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 Stone, Slip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Such	30. RIGHT HINDLIMB Such

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)		35. 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)		SERIAL NO. <b>0679300</b>	1. ACCESSION NUMBER <b>ACL 11150</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>				
3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  <div style="text-align: center;">N/A.</div>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  <div style="text-align: center;">1167</div>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code  <div style="text-align: center;">N/A.</div>	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b> Zip Code Tel No.    County <b>NM.</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASNER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b> Zip Code <b>87120</b> Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>		


**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

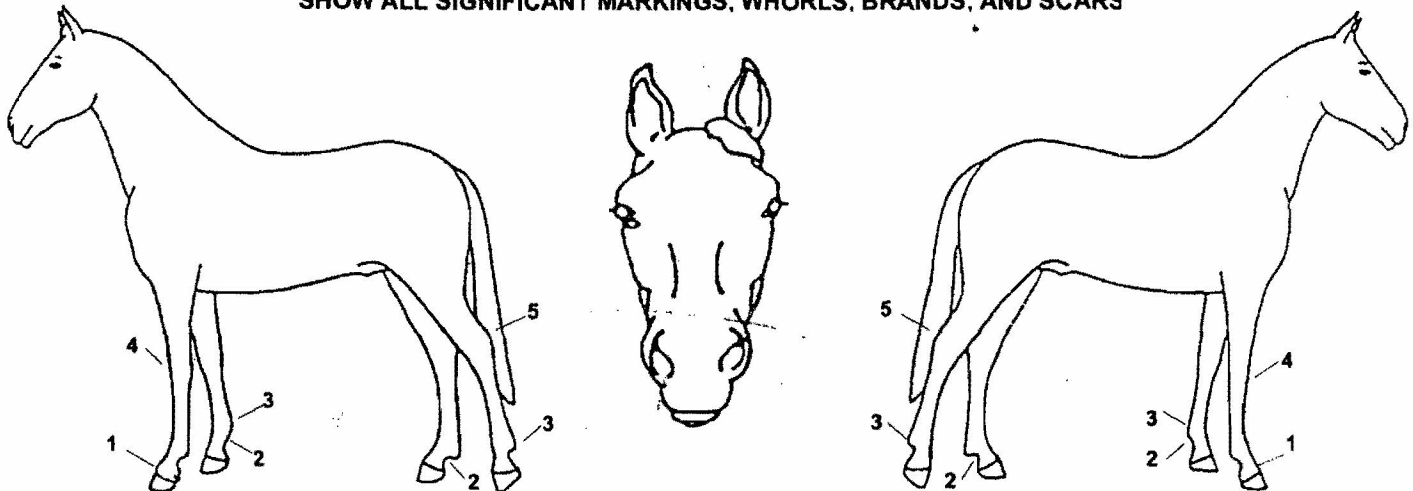
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>	11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASNER DVM.</b>	12. SIGNATURE DATE <b>6/13/10</b>
--	--	--------------------------------------

**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 <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>		14. TYPE OR PRINT SIGNATURE NAME  		15. SIGNATURE DATE  	
16. Tube No.	Official Tag	18. Tattoo	19. Name of Horse  <b>985 170 000 636 560</b>	20. Color <b>Bay</b>	21. Breed <b>Quarter horse</b>
		22. Electronic I.D. No.	23. Age or DOB <b>6</b>	24. Sex <b>F</b>	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

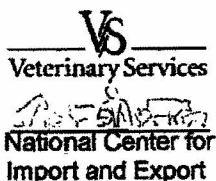
25. HEAD <div style="text-align: center;">/</div>	26. OTHER MARKS AND BRANDS <div style="text-align: center;">/</div>
27. LEFT FORELIMB <div style="text-align: center;">/</div>	28. RIGHT FORELIMB <div style="text-align: center;">/</div>
29. LEFT HINDLIMB <div style="text-align: center;">/</div>	30. RIGHT HINDLIMB <div style="text-align: center;">/</div>

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</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 <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>			35. 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).





Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000655287	Female	Quarterhorse	36mo.	Sorrel strip r/h sock	work	NM
985170000655847	Female	Quarterhorse	96mo.	Buckskin star snip r/f l/h	sock work	NM
985170000657311	Gelding	Paint	48mo.	red/white Paint	work	NM
985170000657492	Gelding	Quarterhorse	72 mo.	Dun	work	NM
985170000665754	Gelding	Quarterhorse	72mo.	Sorrel strip r/f r/h l/h	sock work	NM
985170000667474	Gelding	Paint	84mo.	Black/white Paint	work	NM
985170000653156	Female	Quarterhorse	24mo.	Buckskin l/h sock	work	NM



Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
Nombre y Dirección del Exportador: 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000635260	Female	Paint	144mo.	Brown/white Paint	work	NM
985170000656233	Gelding	Quarterhorse	60mo.	Sorrel strip	work	NM
985170000656236	Female	Quarterhorse	84mo.	Roan star	work	NM
985170000657543	Female	Paint	36mo.	Brown/white Paint	work	NM
985170000657625	Gelding	Quarterhorse	60mo.	Gray snip r/h sock	work	NM
985170000654392	Gelding	Paint	24mo.	brown/white Paint	work	NM
985170000653581	Female	Paint	36mo.	Brown/white Paint	work	NM





Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000652306	Female	Quarterhorse	84mo.	Dun	work	NM
985170000653776	Female	Quarterhorse	24 mo.	Sorrel strip l/h stocking	work	NM
985170000653807	Gelding	Paint	84mo.	Brown/white Paint J2 l/s	work	NM
985170000657600	Gelding	Paint	24mo.	Brown/white Paint	work	NM
985170000635819	Female	Appaloosa	60mo.	Appaloosa	work	NM
985170000636064	Gelding	Quarterhorse	84mo.	Buckskin	work	NM
985170000665555	Female	Quarterhorse	36mo.	Sorrel strip r/f r/h l/h sock	work	NM



Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

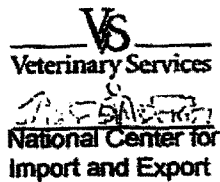
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
Nombre y Dirección del Exportador: 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
Nombre y Dirección del Importador: Río Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000667187	Female	Quarterhorse	36mo.	Bay star snip l/h sock	work	NM
985170000652876	Female	Quarterhorse	84mo.	Dun star snip r/h sock	work	NM
985170000651788	Gelding	Quarterhorse	36mo.	Bay Baldface l/h sock	work	NM
985170000666528	Gelding	Paint	84mo.	Brown/white paint -N 1/s Y 1/h H I	work	NM
985170000635725	Female	Quarterhorse	84mo.	Sorrel strip	work	NM
985170000655292	Gelding	Quarterhorse	36mo.	Sorrel, star r/h coronet	work	NM
985170000655358	Gelding	Quarterhorse	48mo.	Black star r/h sock	1/h work	NM





Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Río Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000665047	Female	Paint	84mo.	Sorrell paint	work	NM
985170000654947	Gelding	Quarterhorse	36mo.	Sorrel star snip	work	NM
985170000651772	Female	Quarterhorse	96mo.	Sorrel strip 4 stockings	work	NM
985170000655752	Female	Quarterhorse	84mo.	Sorrel strip -N 1/s XH 1/h 2 hind socks	snip work	NM
985170000667218	Gelding	Quarterhorse	48mo.	Bay strip 2 hind sock	work	NM
985170000653271	Female	Quarterhorse	84mo.	Sorrel star snip r/h coronet	work	NM
985170000665709	Female	Quarterhorse	24mo.	Sorrel strip 1/h sock	work	NM



Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

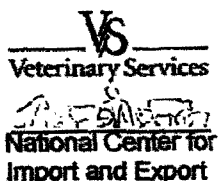
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000665331	Gelding	Quarterhorse	72mo.	Gray -N 1/s DS 1/h	work	NM
985170000654265	Gelding	Quarterhorse	48mo.	Buckskin strip -N 1/s O 1/h 1/h sock	work	NM
985170000636233	Female	Paint	12mo.	Brown/white paint C 1/h	work	NM
985170000636230	Gelding	Paint	12mo.	Red/white paint C 1/h	work	NM
985170000652842	Male	Paint	12mo.	Black/white Paint	work	NM
985170000653457	Female	Paint	24mo.	Red/white Paint C 1/h	work	NM
985170000635627	Female	Appaloosa	12mo.	Roan Appaloosa strip C 1/h	work	NM





Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
Nombre y Dirección del Exportador: 24 Dailies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000664952	male	Paint	12mo.	Red/white Paint C 1/h	work	NM
985170000665583	male	Paint	12mo.	Black/white Paint C 1/h	work	NM
985170000664909	male	Paint	12mo.	Brown/white Paint C 1/h	work	NM
985170000657621	Gelding	Quarterhorse	48mo.	Buckskin 2 hns socks star C 1/h	work	NM
985170000667426	Female	Paint	12mo.	Black/white Paint C 1/h	work	NM
985170000654254	Male	Paint	12mo.	Black/white Paint C 1/h	work	NM
985170000636680	Male	Paint	12mo.	Black/white Paint C 1/h	work	NM



Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

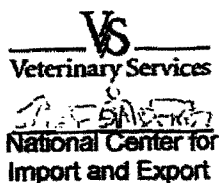
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000666692	Male	Quarterhorse	12mo.	Black r/h sock C 1/h	work	NM
985170000331896	Female	Paint	12mo.	Gray/white Paint C 1/h	work	NM
985170000343997	Female	Paint	12mo.	Brown/white Paint C 1/h	work	NM
985170000333498	Female	Paint	12mo.	Black/white paint C 1/h	work	NM
985170000365454	Female	Paint	12mo.	Roan/white Paint C 1/h blue eye	work	NM
985170000372628	Female	Paint	24mo.	Gray paint C 1/h	work	NM
985170000367004	Gelding	Paint	24mo.	Black/white Paint C 1/h		NM





Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

12

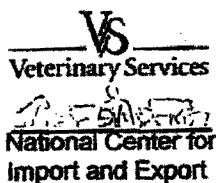
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000332731	Gelding	Quarterhorse	24mo.	Buckskin strip C 1/h	work	NM
985170000335820	Female	Paint	36mo.	Brown/white paint C 1/h	work	NM
985170000353166	Female	Quarterhorse	36mo.	Red Roan star C 1/h 2 hind	snip sock work	NM
985170000345831	Female	Quarterhorse	36mo.	Sorrel strip 1/h coronet	work	NM
985170000667468	Female	Quarterhorse	36mo.	Black star	work	NM
985170000653982	Female	Quarterhorse	48mo.	Dun star 2 hind coronet	work	NM
985170000656704	Gelding	Quarterhorse	24mo.	Bay star	work	NM



Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

92

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**

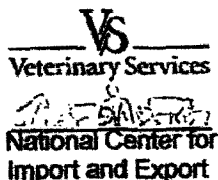
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Río Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000653421	Gelding	Quarterhorse	36mo.	Bay r/h sock	work	NM
985170000654842	Gelding	Quarterhorse	36mo.	Chestnut star 1/h sock	snip work	NM
985170000666140	Gelding	Quarterhorse	24mo.	Bay star	work	NM
985170000653167	Gelding	Quarterhorse	36mo.	Sorrel star 4 socks	snip work	NM
985170000657315	Female	Quarterhorse	24mo.	Sorrel strip 4 socks	snip work	NM
985170000657345	Female	Paint	36mo.	Black/white Paint	work	NM
985170000665893	Gelding	Quarterhorse	24mo.	Bay star 2 hind sock	work	NM





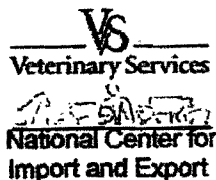
Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
Nombre y Dirección del Exportador: 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000657571	Female	Quarterhorse	24mo.	Palomino strip 1/f 1/h r/h sock	work	NM
985170000666747	Gelding	Quarterhorse	48mo.	Bay 91 6 1/h r/h	work	NM
985170000656284	Female	Quarterhorse	36mo.	Buckskin	work	NM
985170000666111	Female	Quarterhorse	84mo.	Sorrel strip ID 1/j 1/h r/f r/h sock	work	NM
985170000653369	Female	Quarterhorse	36mo.	Sorrel star	work	NM
985170000656957	Gelding	Quarterhorse	48mo.	Sorrel	work	NM
985170000664751	Gelding	Paint	24mo.	Red/white Paint	work	NM



Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000665030	Male	Quarterhorse	24 mo.	2 hind socks Sorrel strip	work	NM
985170000651914	Female	Quarterhorse	36mo	Buckskin 1/l/s 2 front socks	work	NM
985170000653053	Gelding	Quarterhorse	36mo.	chestnut	work	NM
985170000635684	Gelding	Quarterhorse	48mo.	Sorrel baldface 4 sock blue eye	work	NM
985170000657829	Female	Quarterhorse	48mo.	Roan	work	NM
985170000665872	Male	Quarterhorse	60mo.	Buckskin	work	NM
985170000654022	Gelding	Quarterhorse	36mo.	Gray star 1/h	work	NM





Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
*Nombre y Dirección del Exportador:* 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
*Nombre y Dirección del Importador:* Río Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000656300	Gelding	Quarterhorse	48mo.	Sorrel strip r/h sock	work	NM
985170000652612	Gelding	Quarterhorse	48mo.	Bay	work	NM
985170000652689	Gelding	Quarterhorse	36mo.	Black strip	work	NM
985170000653603	Female	Paint	48mo.	Red/white paint Blue eyes	work	NM
985170000657390	Gelding	Quarterhorse	36mo.	Buckskin star 2 hind sock	snip work	NM
985170000654136	Gelding	Quarterhorse	36mo.	Gray strip 1/f 1/h r/h sock	1/h work	NM
985170000637481	Gelding	Appaloosa	60mo.	Roan appaloosa 2 hind socks	strip work	NM



Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

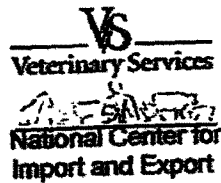
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM  
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
Nombre y Dirección del Exportador: 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000654754	Gelding	Appaloosa	48mo.	Roan Appaloosa star 1/f sock	work	NM
985170000654202	Female	Paint	60mo.	Gray Paint Baldface	work	NM
985170000664530	Gelding	Quarterhorse	72mo.	Gray	work	NM
985170000653332	Gelding	Paint	48mo.	Red/white Paint 7/ r/h	work	NM
985170000652146	Gelding	Quarterhorse	48mo.	Sorrel star	work	NM
985170000654746	Gelding	Quarterhorse	60mo.	Sorrel star 1/h r/f r/h sock	work	NM
981100002373174	Gelding	Quarterhorse	48mo.	Black	work	NM





Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY  
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF  
AMERICA TO MEXICO**  
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE  
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS  
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM**  
**Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez  
Nombre y Dirección del Exportador: 24 Dallies Rd.  
Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV  
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas  
Cd. Juarez, Chih. MX 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
981100002368224	Female	Quarterhorse	60mo.	Gray Roan	work	NM
981100002375345	Gelding	Quarterhorse	48mo.	Bay	work	NM



**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States  
*Los animales son originarios de los Estados Unidos.*
2. The animals are individually identified indicating: color, sex, breed, age, marks or tattoo or microchip.  
*Identificación individual de los animales, señalando color, sexo, raza, edad y marcas (reseña), o tatuaje o microchip.*
3. The animals remained in the United States during the 60 days prior to export.  
*Los animales permanecieron en los Estados Unidos durante 60 días previos a la exportación.*
4. The animals were inspected at the farm of origin and were found free of reportable diseases; the animals have not been exposed to reportable diseases during the 60 days prior to export.  
*Los animales fueron inspeccionados en el lugar de origen y encontrados libres de enfermedades de notificación obligatoria y no fueron expuestos a ellas durante los 60 días previos a la exportación.*
5. The animals are free of ectoparasites or were treated against ectoparasites. (Indicate the date and name of the product).  
*Que se encuentran libres de ectoparásitos o que recibieron un tratamiento, indicando fecha y el producto utilizado.*  
The animals are free of ectoparasites.
6. At the farm origin and in adjacent farms, there have been no cases of dourine, Venezuelan equine encephalitis, vesicular stomatitis, epizootic lymphangitis, ulcerative lymphangitis, glanders, piroplasmosis, and surra during 60 days prior to export.  
*Que durante los 60 días previos a la exportación, en las instalaciones de origen como en las instalaciones vecinas no se han presentado casos de: Durina, Encefalitis equina venezolana, Estomatitis vesicular, Linfangitis epizootica, Linfangitis ulcerativa, Muermo, Piroplasmosis equina y surra.*
7. Within 60 days prior to export, the animals were tested with negative results, for the following diseases. The laboratory samples were taken under the supervision of a USDA accredited veterinarian.  
*Que los animales fueron sometidos a las siguientes pruebas, con resultados negativos, dentro de los 60 días previos a la fecha de exportación. Las muestras fueron colectadas bajo supervisión de un Médico Veterinario Acreditado por el USDA.*





**VS**  
Veterinary Services  
National Center for  
Import and Export

Health Certificate No. NM-10274  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Equine infectious anemia: ~~AGID test (Coggin's test)~~ or ELISA.  
(Indicate the name of the official laboratory and the date the samples were obtained).  
*Anemia infecciosa equina: agar gel inmunodifusión (AGID o prueba de Coggin) o ELISA. (Señale el nombre del laboratorio oficial y la fecha de la obtención de la muestra.)*  
Albuquerque Coggins Lab- 6/13/10 ELISA

Note: Horses in this shipment were not positive to testing for CEM in the USDA APHIS control-surveillance program.  
*Nota: Los caballos en este embarque no obtuvieron pruebas positivas a MCE en el control-vigilancia que mantiene Estados Unidos.*

8. Horses have **not** been on premises infected with CEM and are **not** epidemiologically linked to infected premises or animals diagnosed with CEM, during the 12 months prior to export.  
*Que durante los 12 meses previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales afectados.*
9. The animals are transported in containers and/or vehicles that were cleaned and disinfected prior to embarkation. During transportation the horses were not in contact with other animals.  
*Que los vehículos y/o contenedores utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque y los animales a exportar no estuvieron en contacto con otros animales durante el traslado.*

Inspection date / Fecha de inspección 6/13/10

C.Y. Brasmer, DVM  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario Acreditado*

(b)(6) 6/16/10  
Signature of Accredited Veterinarian (Date)  
*Firma del Médico Veterinario Acreditado (Fecha)*

USDA, APHIS, Veterinary Services  
6200 Jefferson St., NE, Suite 117  
Albuquerque, New Mexico 87109

Name of Endorsing Federal  
Veterinarian Paul Sciglibaglio D.V.M.  
*Nombre del Médico Veterinario Federal que endosa.* Area Veterinarian  
in Charge, NM

(b)(6) 06-16-2010  
Signature of  
Endorsing Federal Veterinarian  
*Fecha de endoso y firma del Médico*

Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

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

SERIAL NO.

00679151

1. ACCESSION NUMBER

ACL 11151

2. DATE BLOOD  
DRAWN

6/13/10

**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

☐ Show ☐ First Test  
☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A. Zip Code  
Tel No. County

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

DENNIS CHAVEZ  
@ S/W LIVESTOCK AUCTION  
LOS LUNAS Zip Code  
Tel No. County

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

C.Y. BRASMER DVM.  
5900 JONES PLACE NW.  
ALBUQUERQUE, NM. Zip Code 87120  
Tel No. (505) 610-4711 County BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official Tag 18. Tattoo/Br



19.

985 170 000 655 287

20. Color

Saddle

21. Breed

Quarter horse

22. Electronic I.D. No.

23. Age or DOB

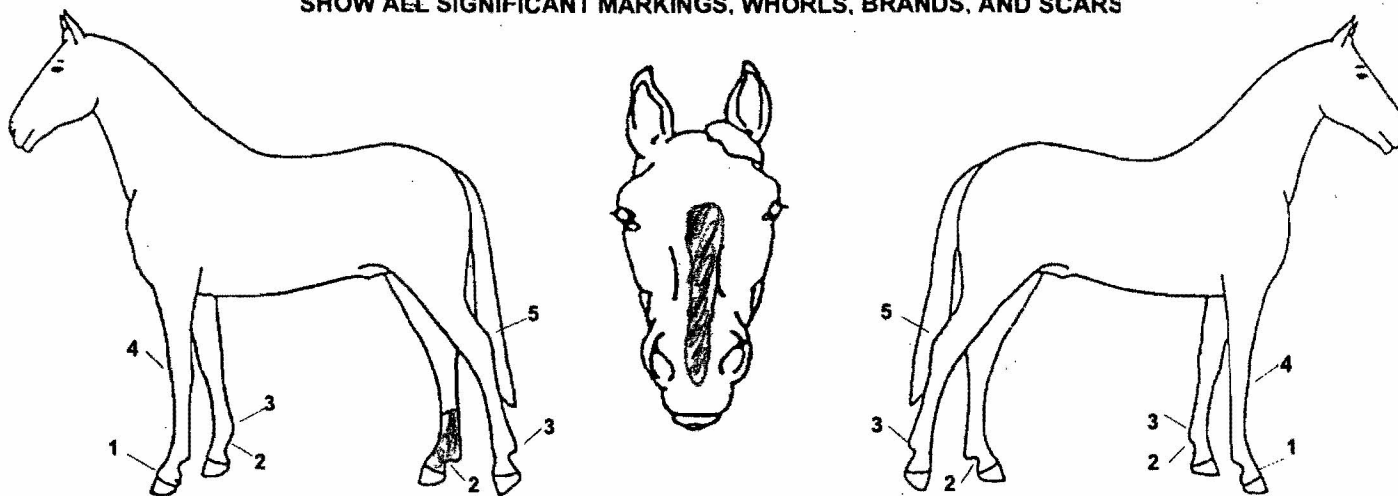
3

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STEEP

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

SICK

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. 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).



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

SERIAL NO.

0679152

1. ACCESSION NUMBER

11152

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Export
4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

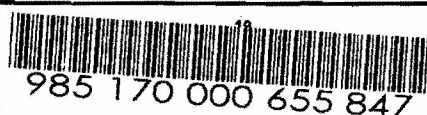
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

## 13. SIGNATURE OF OWNER OR OWNER'S AGENT

## 14. TYPE OR PRINT SIGNATURE NAME

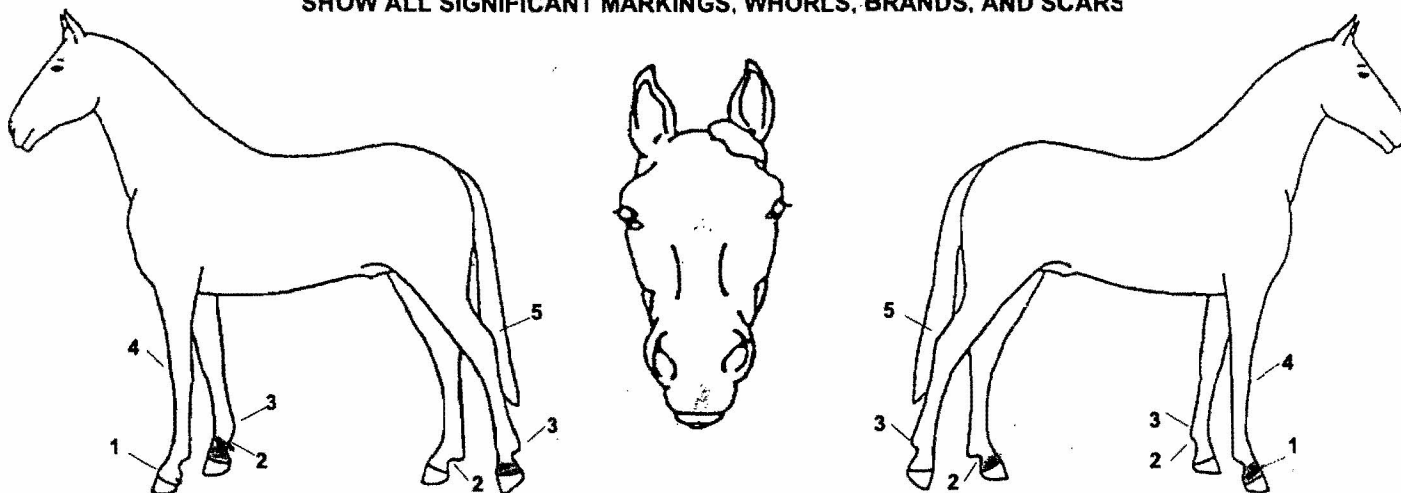
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Black Skin	Quarter Horse		8	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

Stark strip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

Coronet

## 29. LEFT HINDLIMB

Arched

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).

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

SERIAL NO.

00679153

1. ACCESSION NUMBER

2. DATE BLOOD

DRAWN

11153

6/13/10

**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"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A. Zip Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS. Zip Code Tel No. County NM.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. Zip Code ALBUQUERQUE, NM. 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

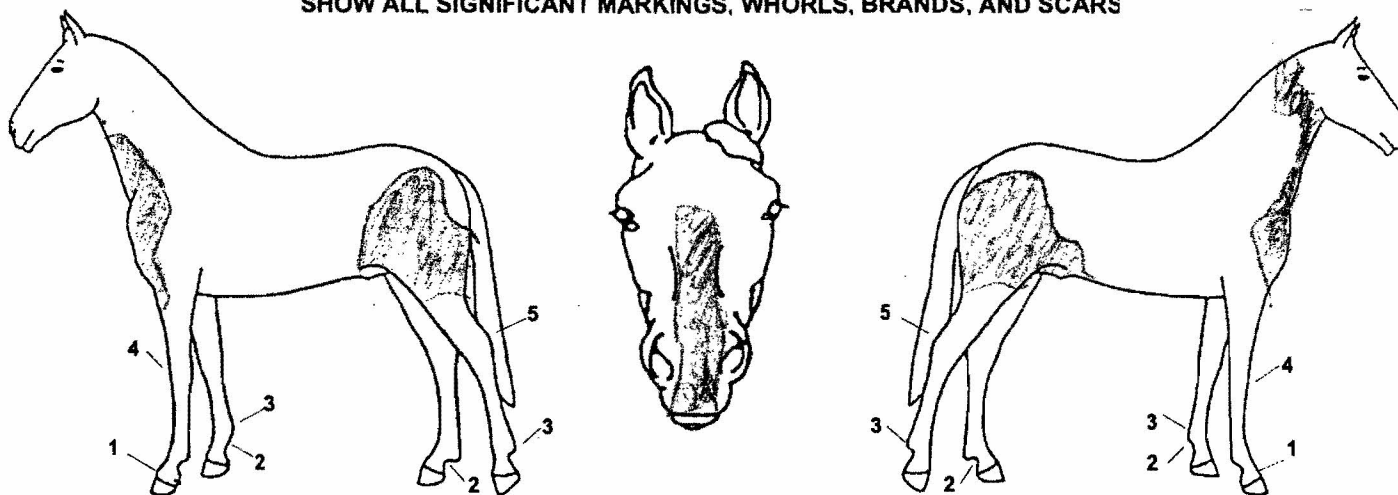
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/ID	20. Color Red White Paint	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex G	M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679154

1. ACCESSION NUMBER

ACL 11152

2. DATE BLOOD  
DRAWN

6/13/10

**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

☐ Show ☐ First Test  
☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASNER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code 87120

Tel No. (505) 610-4711

County BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official Tag 18. Tattoo/Brand



985 170 000 657 492

20. Color

Dun

21. Breed

Quarter horse

22. Electronic I.D. No.

23. Age or DOB

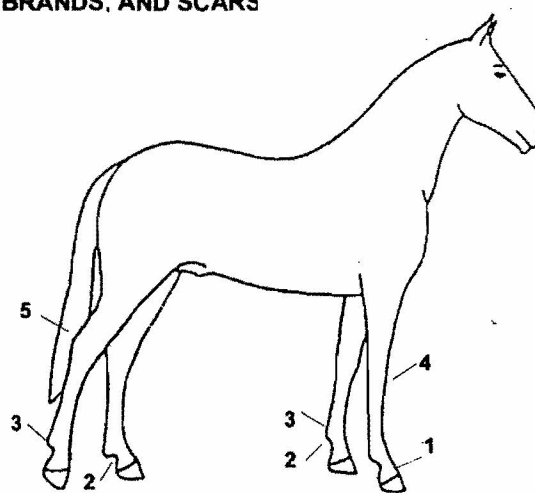
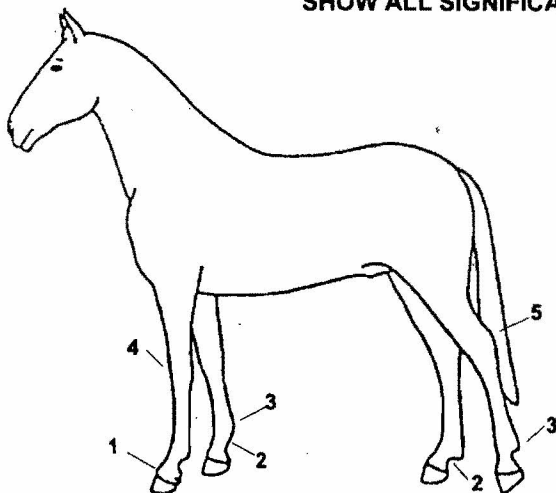
6

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF (b)(6)

## 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).

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

SERIAL NO.

Q0679155

1. ACCESSION NUMBER

ACL.11155

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Relest ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c S/W. LIVESTOCK AUCTION,

LOS LUNAS,

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code 87120

Tel No. (505) 610-4711

County BERNALILLO

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.Official  
Tag18.  
Tattoo/B

985 170 000 665 754

20.  
Color

Solid

21.  
Breed

Quarter Horse

22.  
Electronic  
I.D. No.23.  
Age or  
DOB

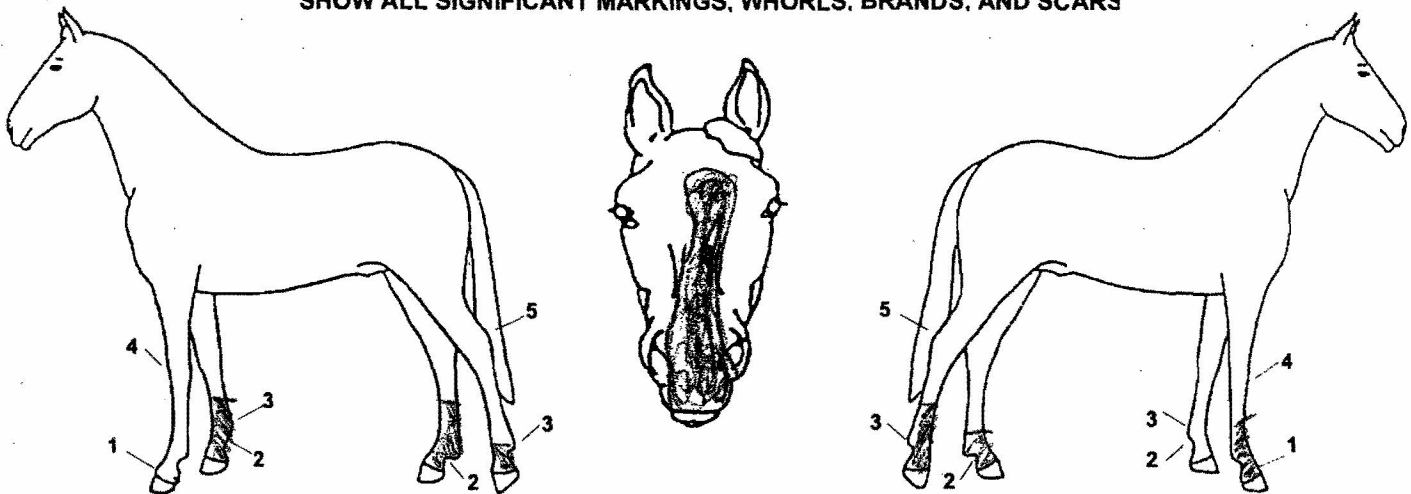
6

24.  
Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

SICK - STRIP - SNIP

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

SOCL

## 30. RIGHT HINDLIMB

SOCL

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TESTER (b)(6)

## 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).



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

SERIAL NO.

0679156

1. ACCESSION NUMBER

ACI 11156

2. DATE BLOOD  
DRAWN

6/13/10

**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.

1167

## 6. TEST TYPE

☐ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASHER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87420

Tel No.

(505) 610-4711

County

Bernalillo

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have signed 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. Official  
Tag

Tall



20. Color

Black Paint  
white

21. Breed

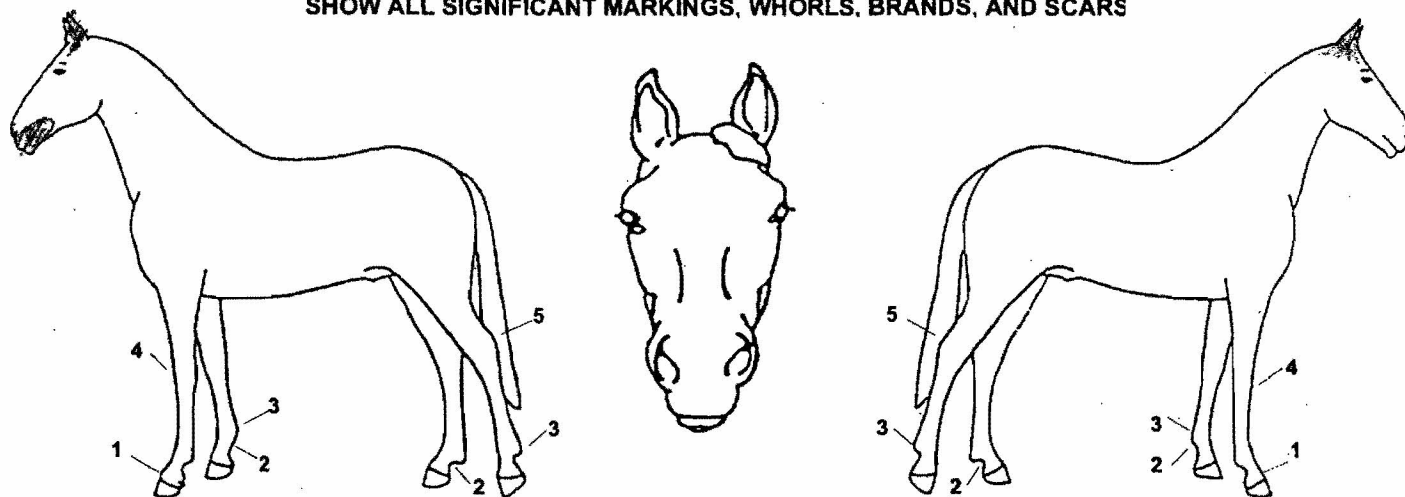
22. Electronic  
I.D. No.23. Age or  
DOB

7 6

24. Sex

M - Male  
F - Female  
G - Gelding  
N - Neuter

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

## 27. LEFT FORELIMB

## 29. LEFT HINDLIMB

## 26. OTHER MARKS AND BRANDS

## 28. RIGHT FORELIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 36. SIGNATURE OF TESTER (b)(6)

## 35. 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).

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

SERIAL NO.

Q0679157

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACU 11137

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No.		Tel No. (505) 610-4711	
County NM.		County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

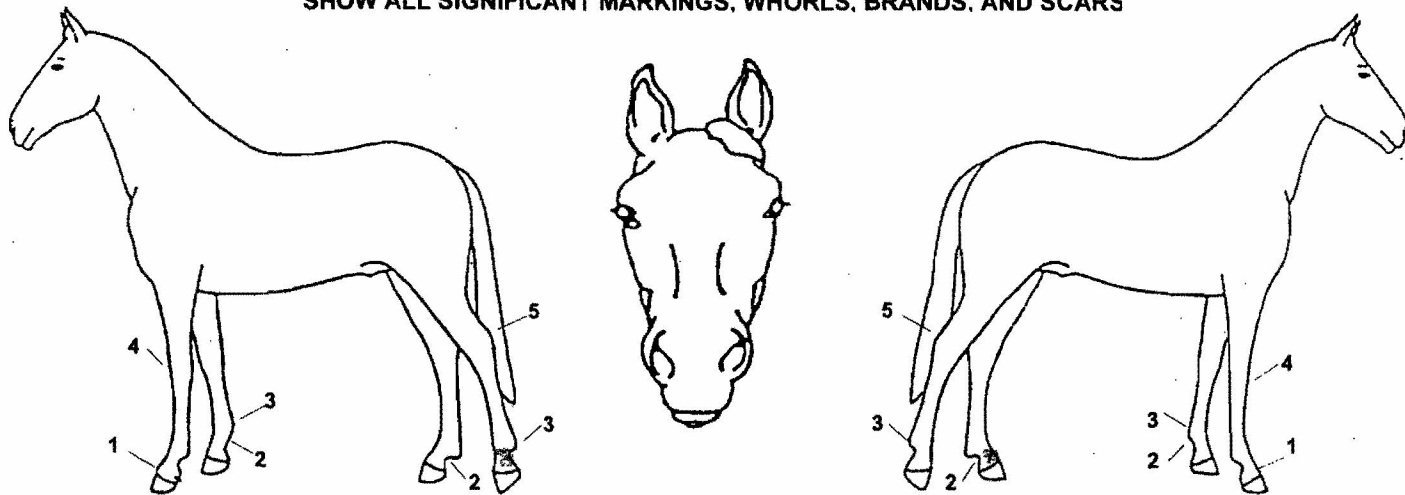
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Back skin	Quarter horse		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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679158

1. ACCESSION NUMBER

ACL1158

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

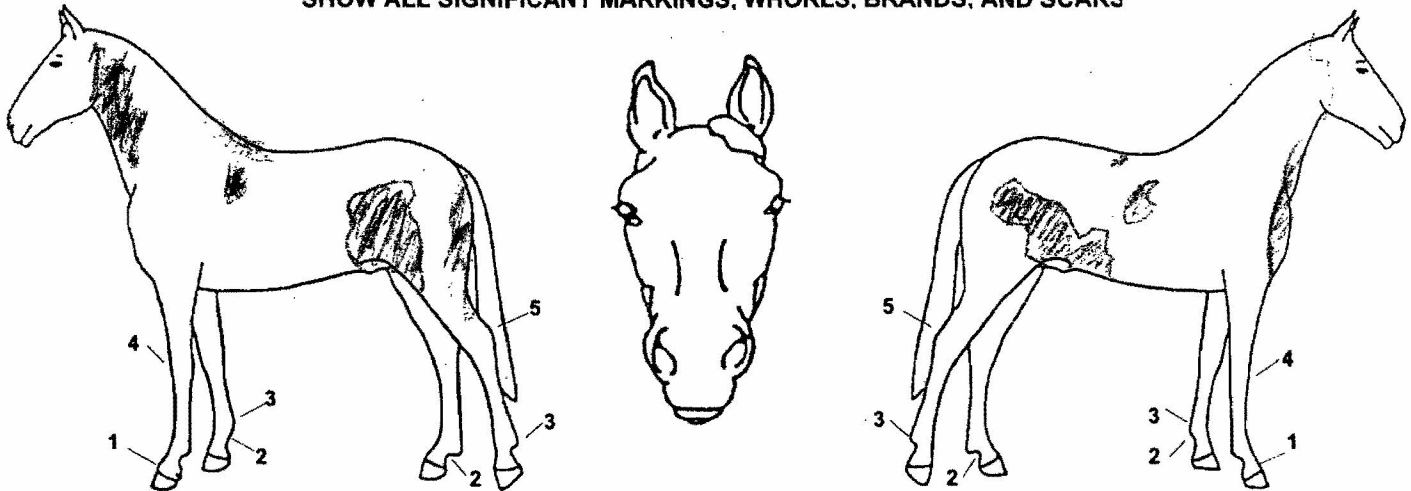
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo	20. Color White Brown	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 12	24. Sex F	M - Male F - Female G - Gelding N - Neuter
985 170 000 635 260								

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)		35. 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).

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

SERIAL NO.

Q0679159

1. ACCESSION NUMBER

ACL1159

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION, LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

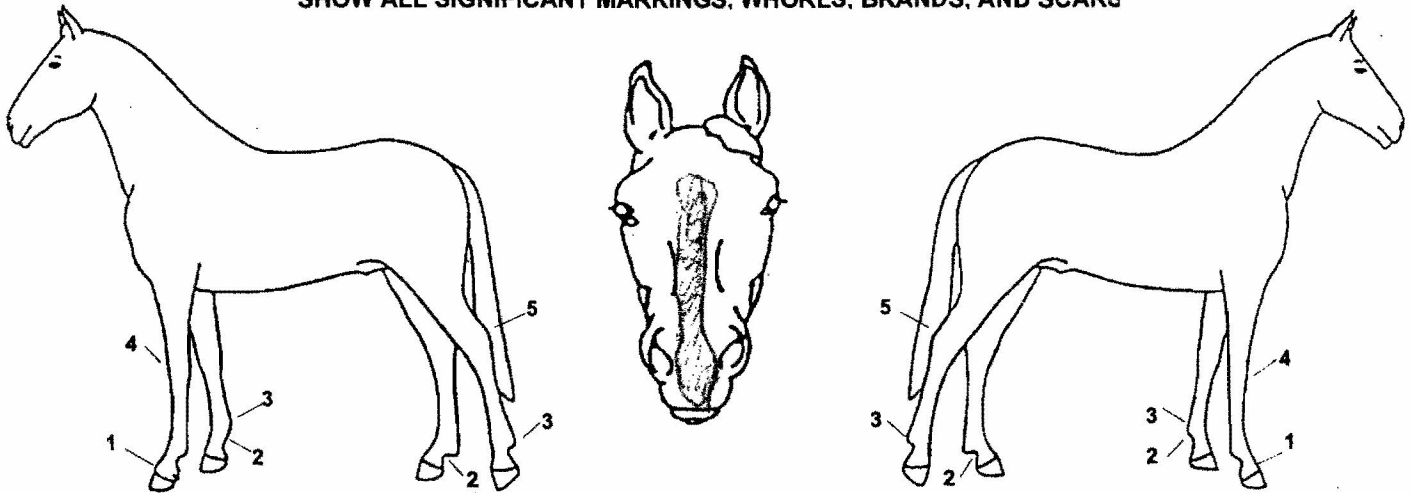
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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 6/13/10		
16. Tube No.	Official Tag	18. Tattoo/BI	Barcode 985 170 000 656 233	20. Color Solid	21. Breed Q-01-Q horse	22. Electronic I.D. No.	23. Age or DOB 5	24. Sex 6
						M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Stall SNIPP. SNIP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

0679160

1. ACCESSION NUMBER

ACL.11160

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  W/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS. Zip Code Tel No. County NM.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

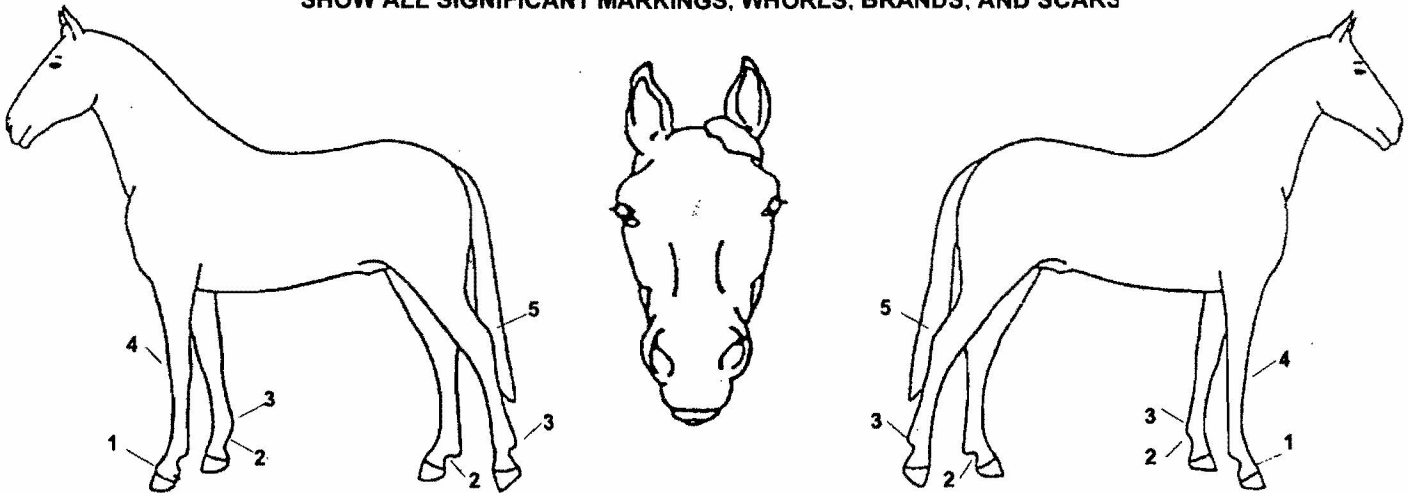
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Br	19. Barcode 985 170 000 656 236	20. Color Rosa	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex F
						M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD STALL	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).

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

SERIAL NO.

0679161

1. ACCESSION NUMBER

11161

2. DATE BLOOD

DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code  County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.V. KRASMER DVM 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County		Tel No. 87120 County	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

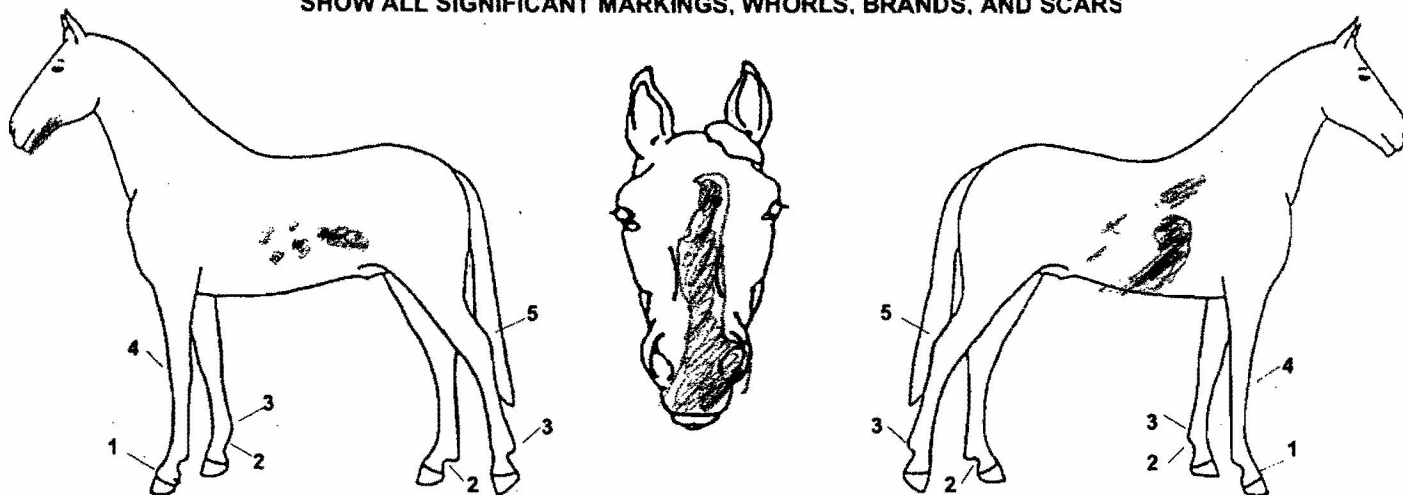
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.V. KRASMER DVM	12. SIGNATURE DATE 6/13/10
--	--	-------------------------------

**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.	Official Tag	18. T1	20. Color Black White	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		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).



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

SERIAL NO.

0679162

1. ACCESSION NUMBER

AGL 11162

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show ☐ First Test

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)

LAT:  
LONG:

5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNARD, NM.

## 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 (b)(6) VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag Tattc



20. Color

grey

21. Breed

Andalusian

22. Electronic  
I.D. No.23. Age or  
DOB

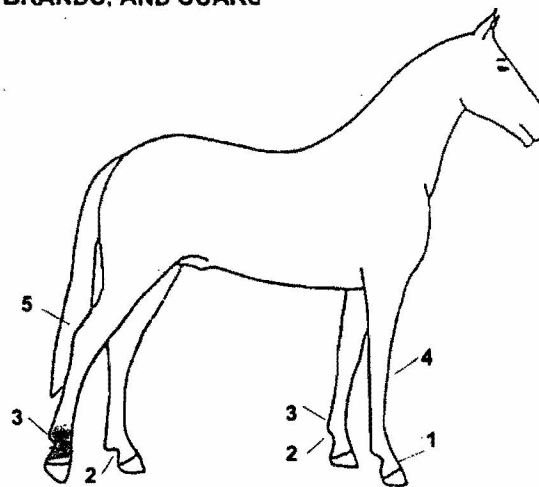
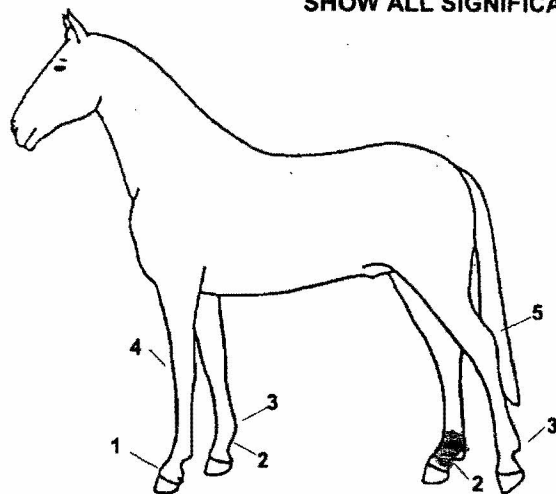
5

24. Sex

B

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

SNIP

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

SOCK

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).

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

SERIAL NO.

0679163

1. ACCESSION NUMBER

ACL 11163

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

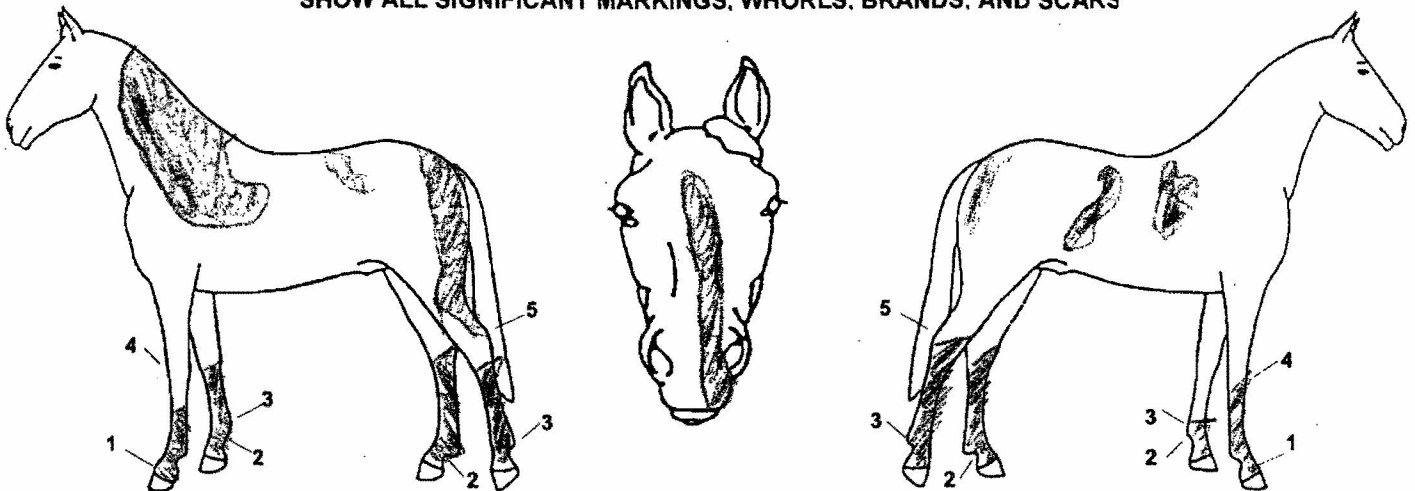
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	17. Tattoo	18. Barcode 985 170 000 654 392	20. Color Buckskin White	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex 6
						M - Male F - Female G - Gelding N - Neuter		

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).



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

SERIAL NO.

0579164

1. ACCESSION NUMBER

0579164

2. DATE BLOOD  
DRAWN

6/12/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

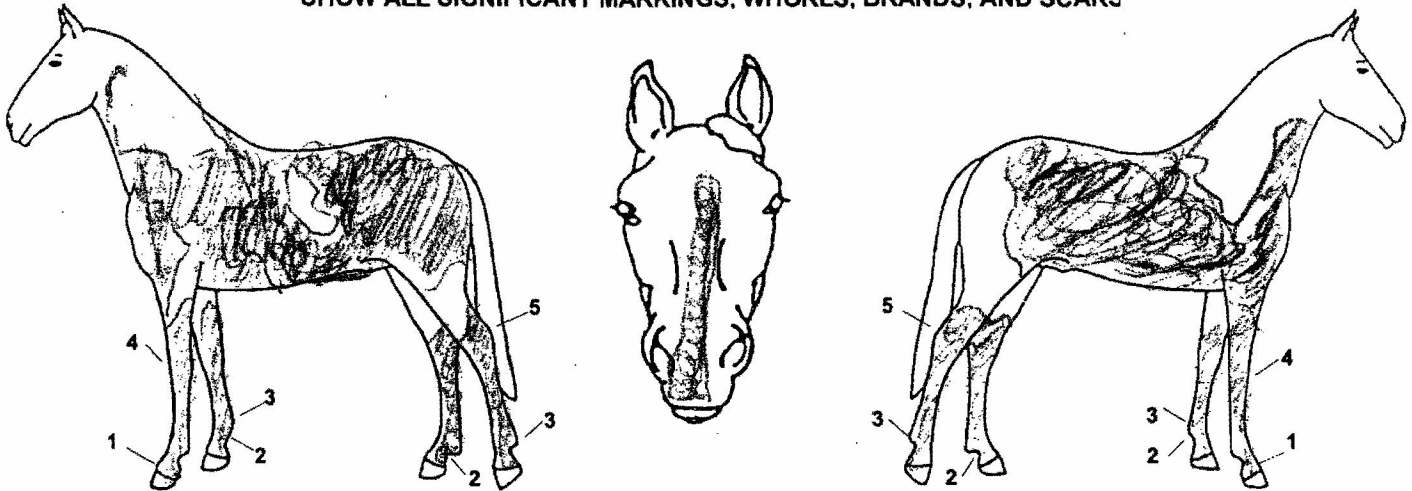
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 6/12/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/ID	19. Barcode 985 170 000 653 581	20. Color Brown White	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		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).

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

SERIAL NO.

00679165

1. ACCESSION NUMBER

ACU 11165

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show ☐ First Test

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)

LAT:  
LONG:

5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION

LOS LUNAS

Zip Code

Tel No.

County

NM

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

C.Y. BRASMER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag 18.  
Tattoo/f

19.

985 170 000 652 306



20. Color

Dun

21. Breed

Quarter horse

22. Electronic  
I.D. No.23. Age or  
DOB

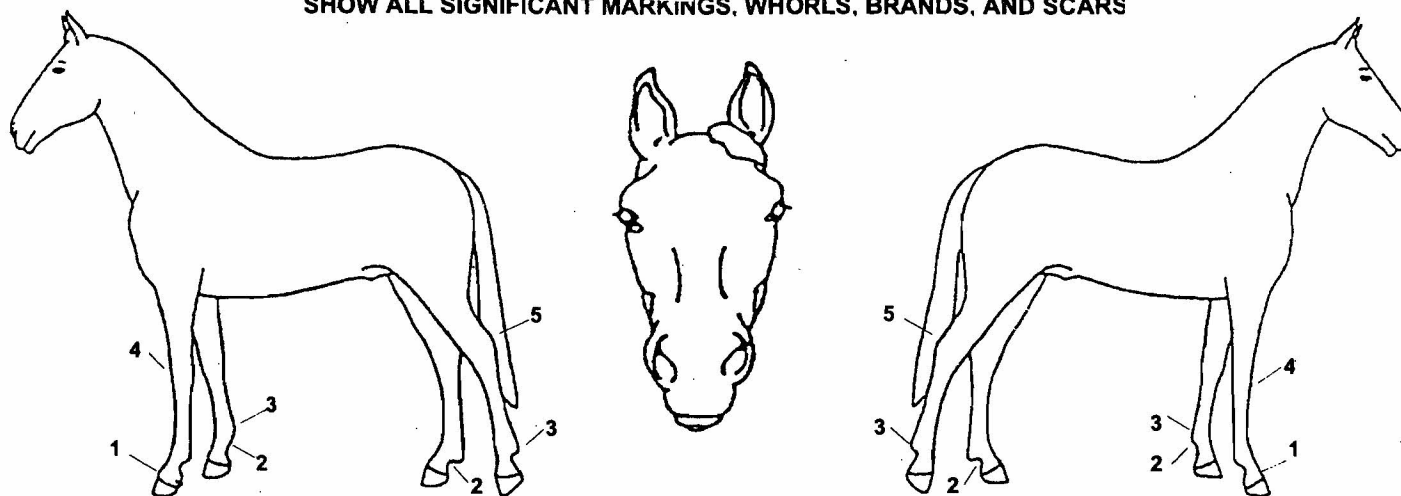
7

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

**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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/15/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).



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

SERIAL NO.

0579166

1. ACCESSION NUMBER

ACL 11166

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM.	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

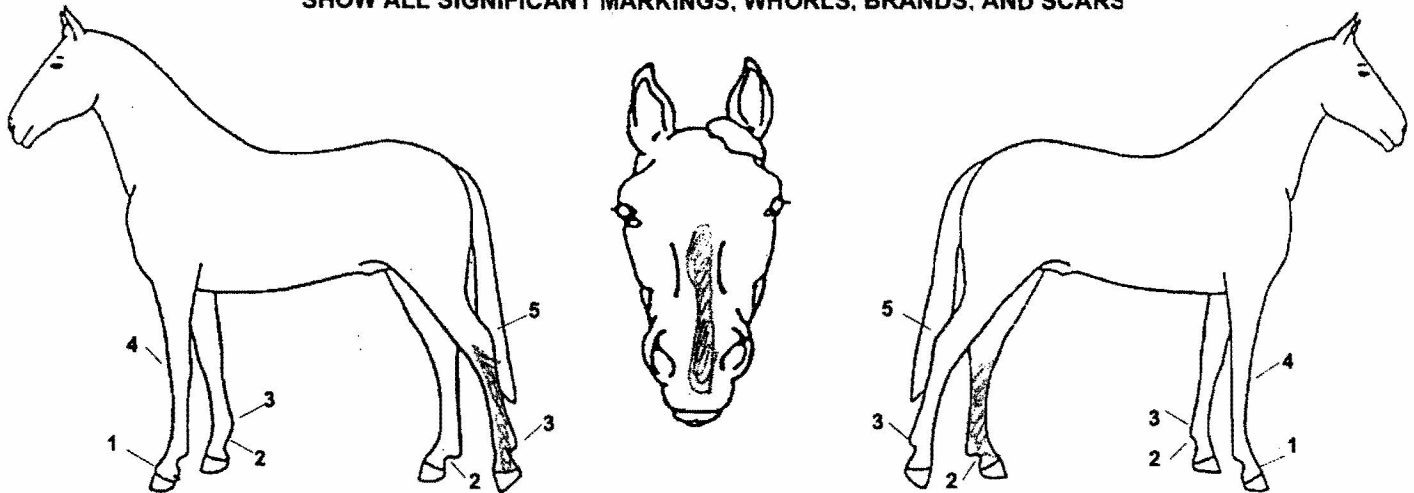
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
---	---	-------------------------------

**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.	Official Tag	18. Tattoo	19. Identification Number 985 170 000 653 776	20. Color Saddle	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex F
								M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD S/P	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Stocking	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).

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

SERIAL NO.

0679167

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

AGL

1167

6/13/10

**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 checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

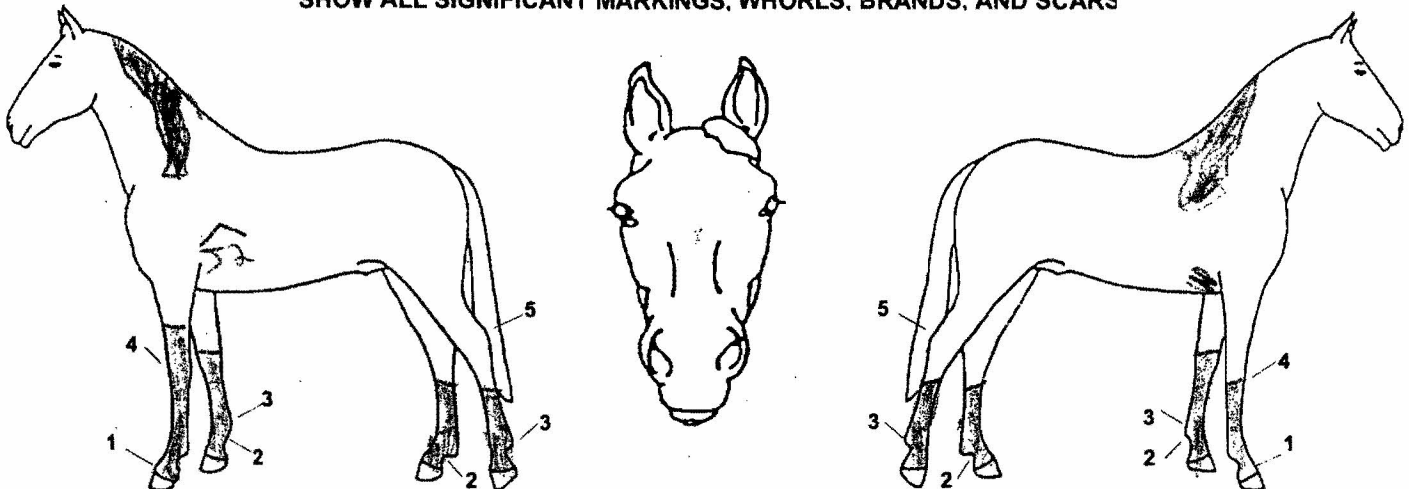
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	Tag	18. Barcode 985 170 000 653 807	20. Color Brown	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex 6
						25. M - Male F - Female G - Gelding N - Neuter		

**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 J2 4/5
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).



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

SERIAL NO.

0679168

1. ACCESSION NUMBER

11168

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO.  1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM.		
Tel No.		County		Zip Code	
		NM.		87114	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

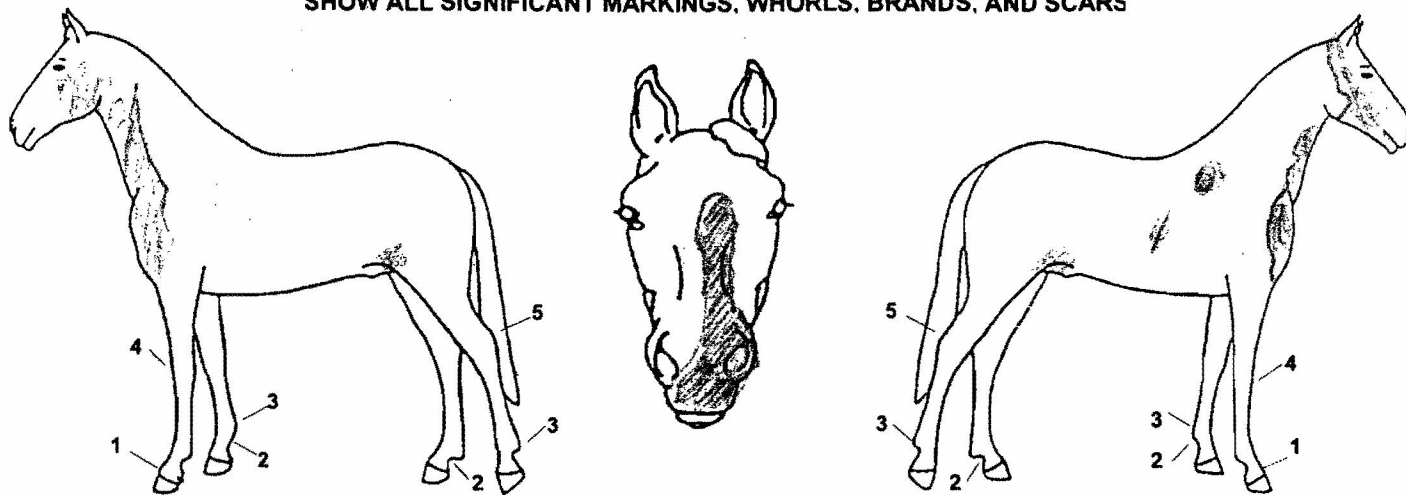
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/B	20. Color Brown white	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex 6	M - Male F - Female G - Gelding N - Neuter
985 170 000 657 600								

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/10/10	33. DATE REPORTED OUT 6/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

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

SERIAL NO.

0679169

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

**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 checked="" type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. (505) 610-4711	
Tel No.	County	Tel No.	County

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

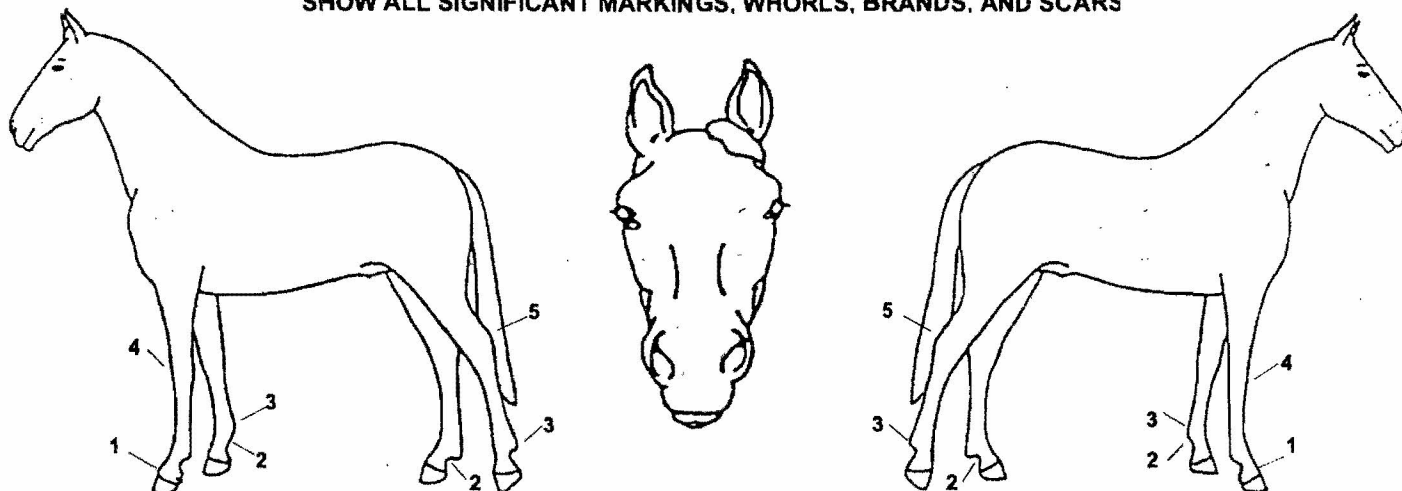
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brn	20. Color	21. Appr	22. Electronic I.D. No.
		985 170 000 635 819	Appr	Appr	23. Age or DOB
			Appr	Appr	24. Sex
					M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679170

1. ACCESSION NUMBER

0679170

2. DATE BLOOD  
DRAWN

6/13/10

**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.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASNER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87124

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.Official  
Tag18.  
Tattoo/E

985 170 000 636 064



20. Color

21. Breed

22. Electronic  
I.D. No.23. Age or  
DOB

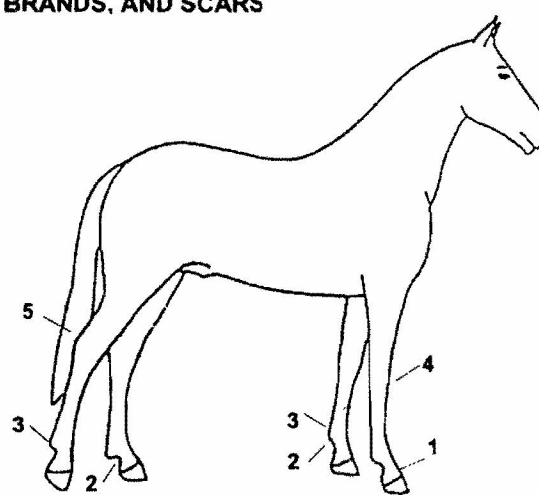
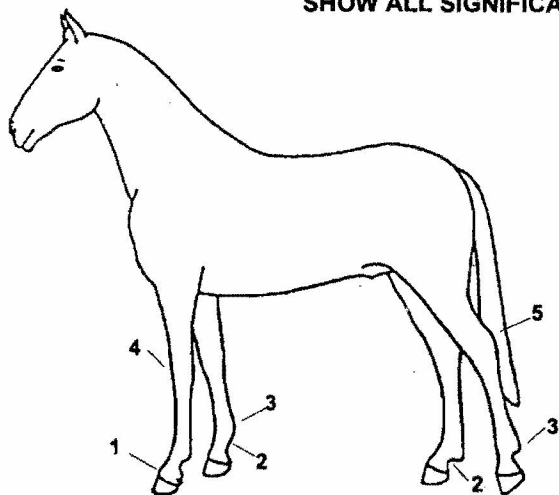
24. Sex

M - Male  
F - Female  
G - Gelding  
N - NeuterBuckskin  
Lisc

7

6

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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

Q0679171

1. ACCESSION NUMBER

ACL. 11171

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS ILIAS		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

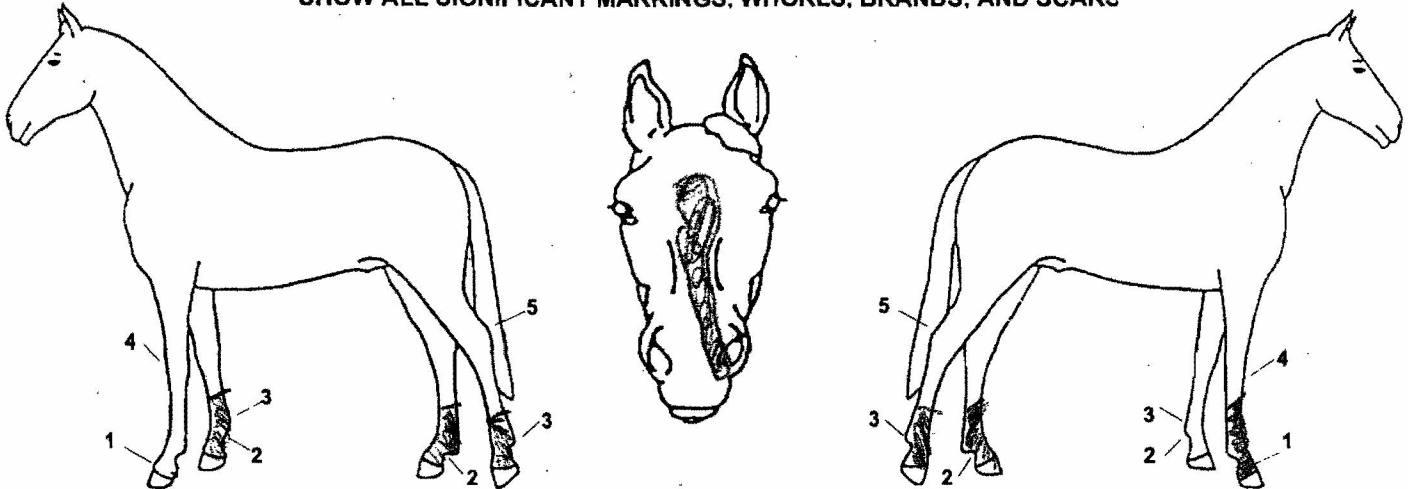
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/B	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985 170 000 665 555	Soiled	Quarter horse			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 Strip - Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB Soiled
29. LEFT HINDLIMB Soiled	30. RIGHT HINDLIMB Soiled

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).



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

SERIAL NO.

0679172

1. ACCESSION NUMBER

11172

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION, LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

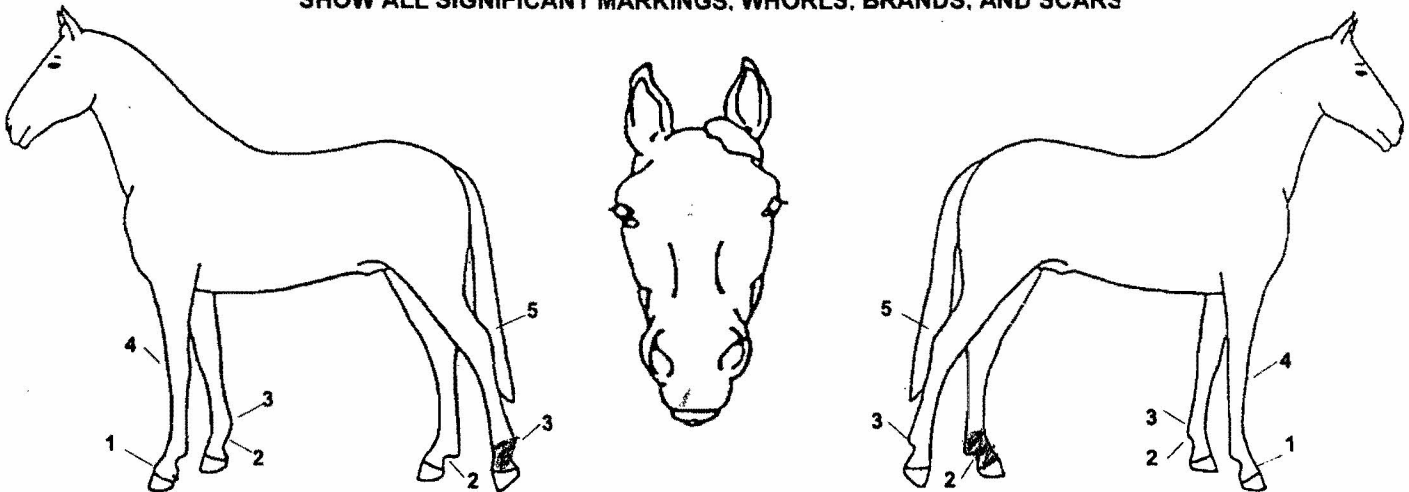
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tao	18. Tattoo/Brand	19. Barcode 985 170 000 667 187	20. Color Bay	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F
						M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Solid white	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Solid	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

Q0679173

1. ACCESSION NUMBER

11173

2. DATE BLOOD  
DRAWN

6/12/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No.		Tel No. (505) 610-4711	
County		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.

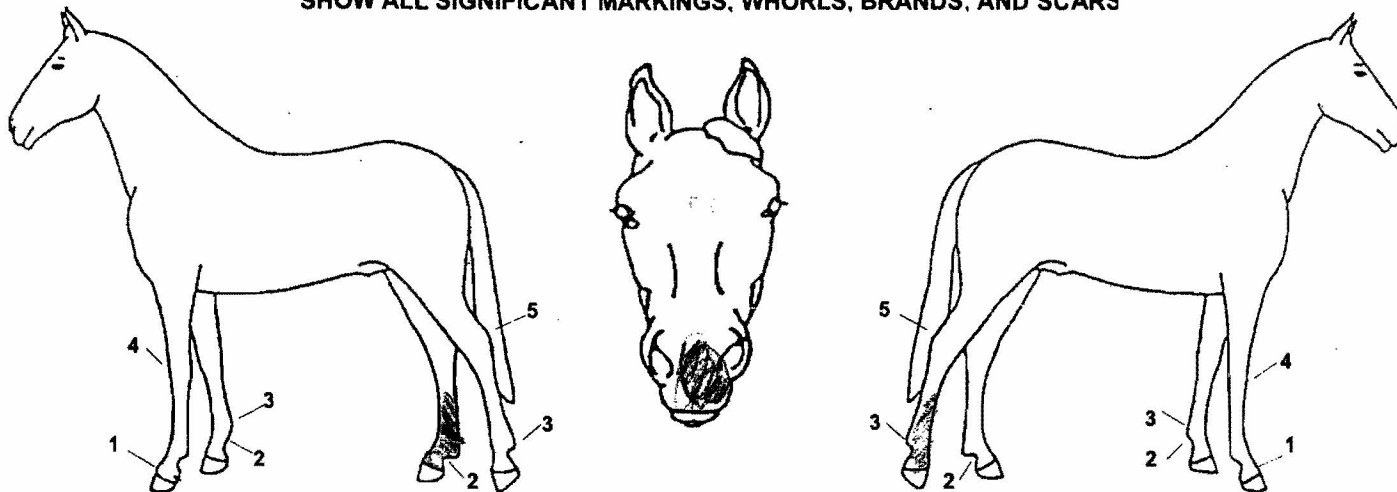
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/12/10
--	---	-------------------------------

**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.	Official Tag	17. Tattoc	18. Barcode 985 170 000 652 876	19. Color	20. Breed	21. Electronic I.D. No.	22. Age or DOB	23. Sex
				Dur	Quarter horse		7	F
						24. M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD C1012-807P	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB COCK

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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		35. 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).



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

SERIAL NO.

0679174

1. ACCESSION NUMBER

0679174

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DEANIS CHAVEZ

c/o S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASHER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87124

Tel No.

(505) 610-4711

County

SANTA FE

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.	Official Tag	18. Tattoo/Brand

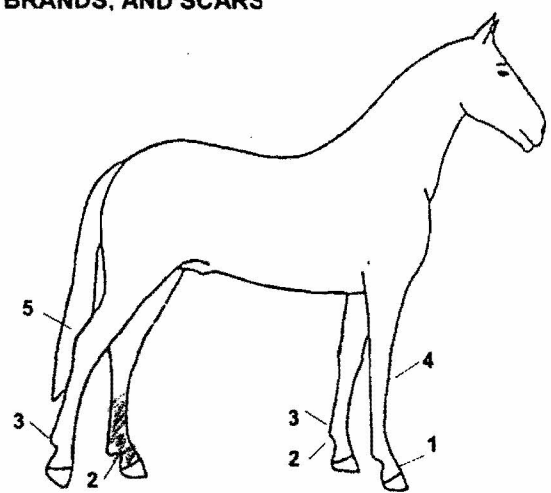
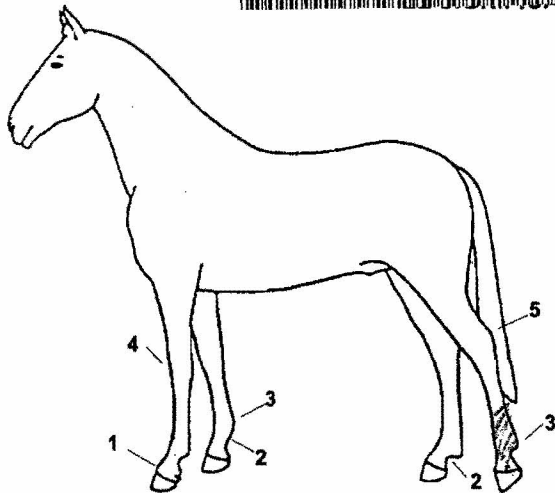
19. Name of Horse

985 170 000 651 788



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Bay	Quarter Horse		3	G	

## DRAWING OF HEAD, 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

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/13/10	6/13/10	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)	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).

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

SERIAL NO.

00679175

1. ACCESSION NUMBER

ACL 1101

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Relest ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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 (b)(6) VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tao 18.  
Tattoo/Br:

985 170 000 666 528



20. Color

Blond  
white

21. Breed

Paint

22. Electronic  
I.D. No.23. Age or  
DOB

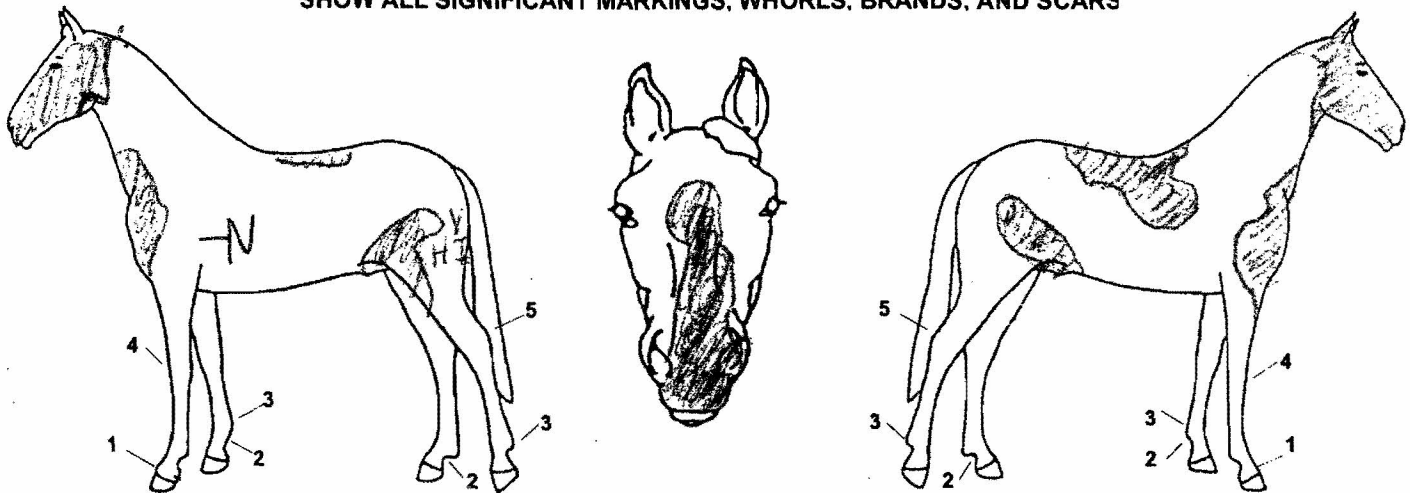
7

24. Sex

6

M - Male  
F - Female  
G - Gelding  
N - Neuter

## 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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).



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

SERIAL NO.

0679176

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACI 1176

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM		Tel No. (505) 610-4711 Zip Code 87126 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

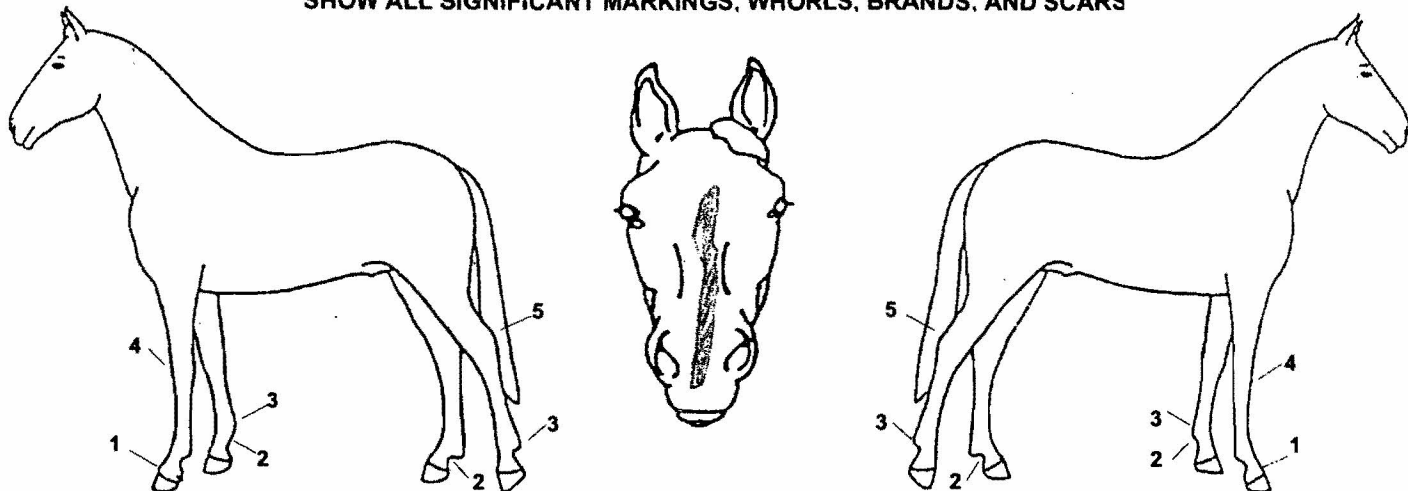
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tag	19. Barcode 985 170 000 635 725	20. Color Solid	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex F
						25. M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD 3/4 HP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF VETERINARIAN (b)(6)		35. 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).

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

SERIAL NO.

Q0679177

1. ACCESSION NUMBER

11177

2. DATE BLOOD  
DRAWN

6/13/10

**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☒ Export

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

N/A.

Zip Code

Tel No.

County

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

DENNIS CHAVEZ

6 S/W. LIVESTOCK AUCTION

LOS LUNAS

Zip Code

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

C. Y. BRASMER DVM.

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

## 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

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C. Y. BRASMER DVM.

12. SIGNATURE DATE

6/13/10

## 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.Official  
Tag18.  
Tattoo/B

985 170 000 655 292



20. Color

Solid

21. Breed

Quarter horse

22. Electronic  
I.D. No.23. Age or  
DOB

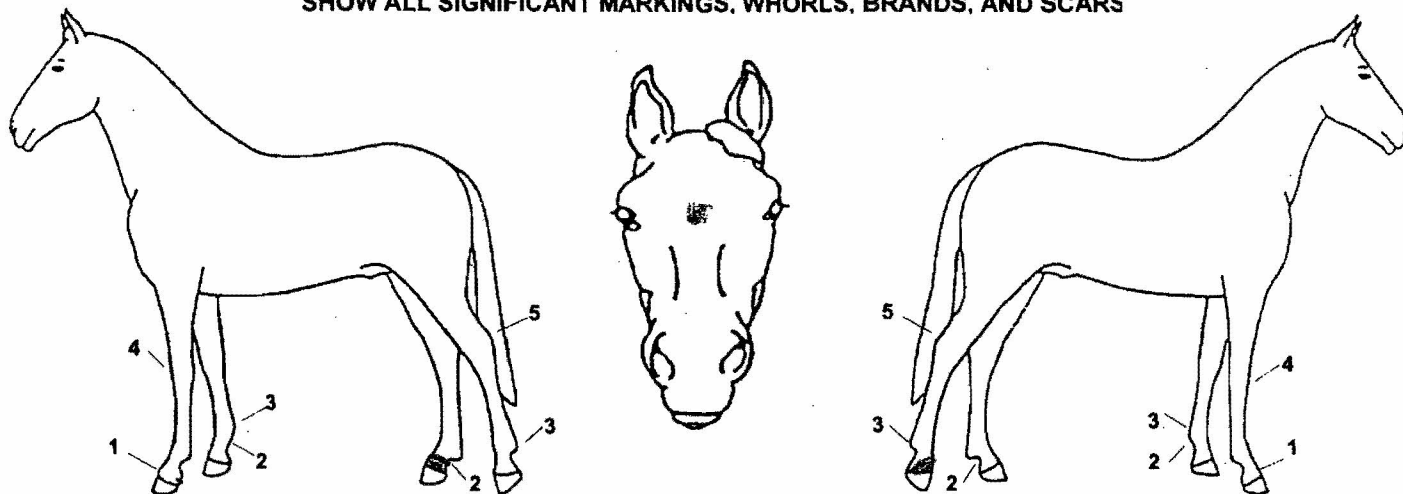
3

24. Sex

G

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Star

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

Coronet

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

32. DATE RECEIVED

6/13/10

33. DATE REPORTED OUT

6/13/10

34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

35. SIGNATURE OF TECHNICIAN

(b)(6)

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).



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

SERIAL NO.

0679178

1. ACCESSION NUMBER

11178

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM

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

C.V. BRASHER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

DETAILED

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.V. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. ☐ Official ☐ Tattoo



985 170 000 655 358

20. Color

21. Breed

22. Electronic I.D. No.

23. Age or DOB

24. Sex

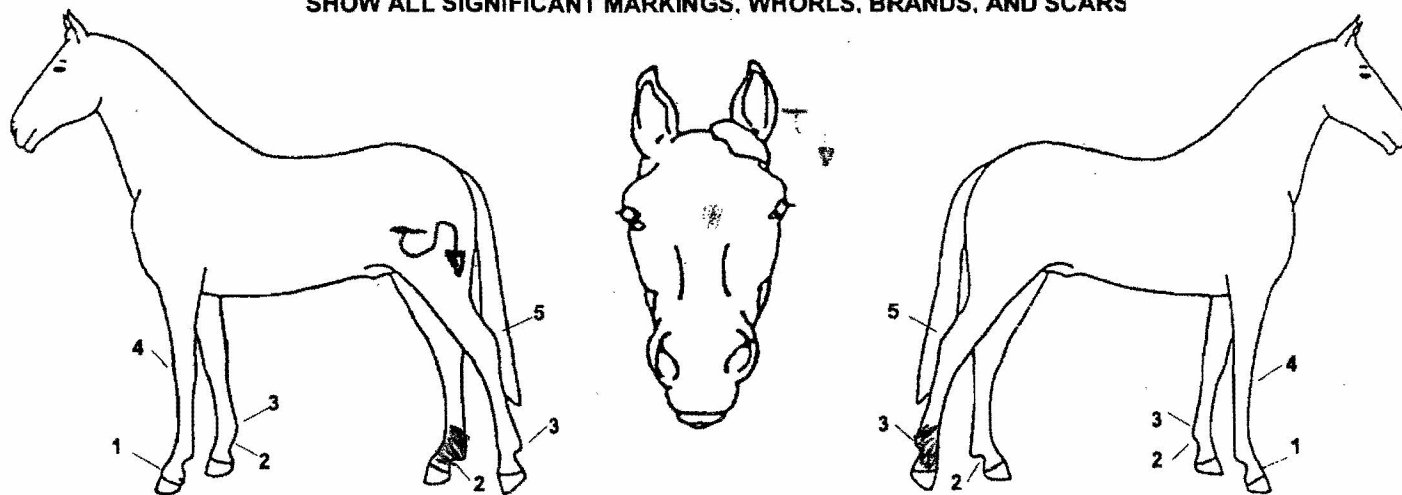
M - Male  
F - Female  
G - Gelding  
N - Neuter

Black Quarter Horse

4

6

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

small

## 26. OTHER MARKS AND BRANDS

5/LH

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

small

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 36. SIGNATURE OF (b)(6)

## 35. 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).

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

SERIAL NO.

00679179

1. ACCESSION NUMBER

ACCL. 11595

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.		
Tel No.		County		Zip Code	
		NM.		87120	
Tel No. (505) 610-4711			County BERNALILLO		

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

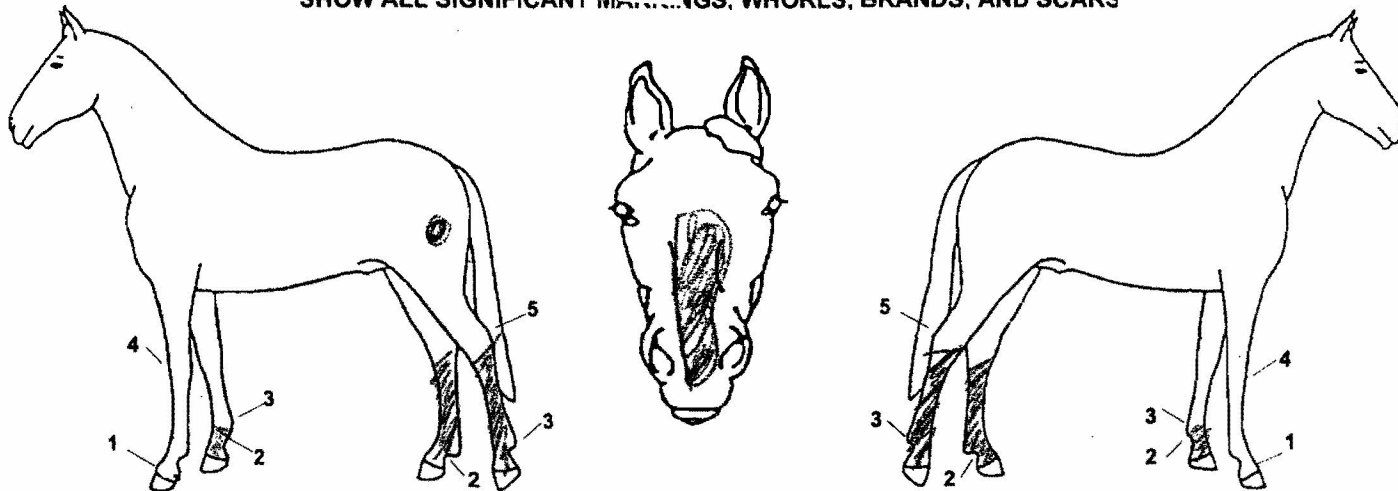
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo	19. Name of Horse 985 170 000 665 047	20. Color Solid Paint	21. Breed	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex F
								M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).



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

SERIAL NO.

0679180

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACL

11596

6/12/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

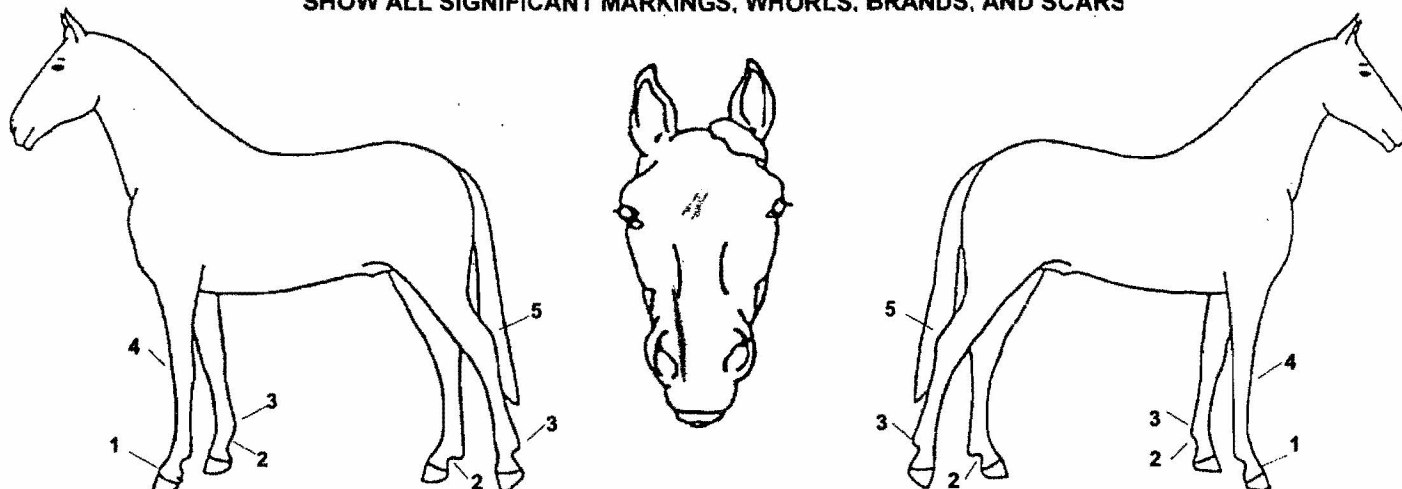
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/10/10
--	---	-------------------------------

**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 6/12/10		
16. Tube No.	Official Tag	Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
985 170 000 654 947			5/10/10	Quarter Horse		3	6	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Solid - small spots	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

Q0679181

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACT

11/27

6/12/11

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		Tel No. (505) 610-4711	
Tel No.		County	
Zip Code		Zip Code 87120	
County		County	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

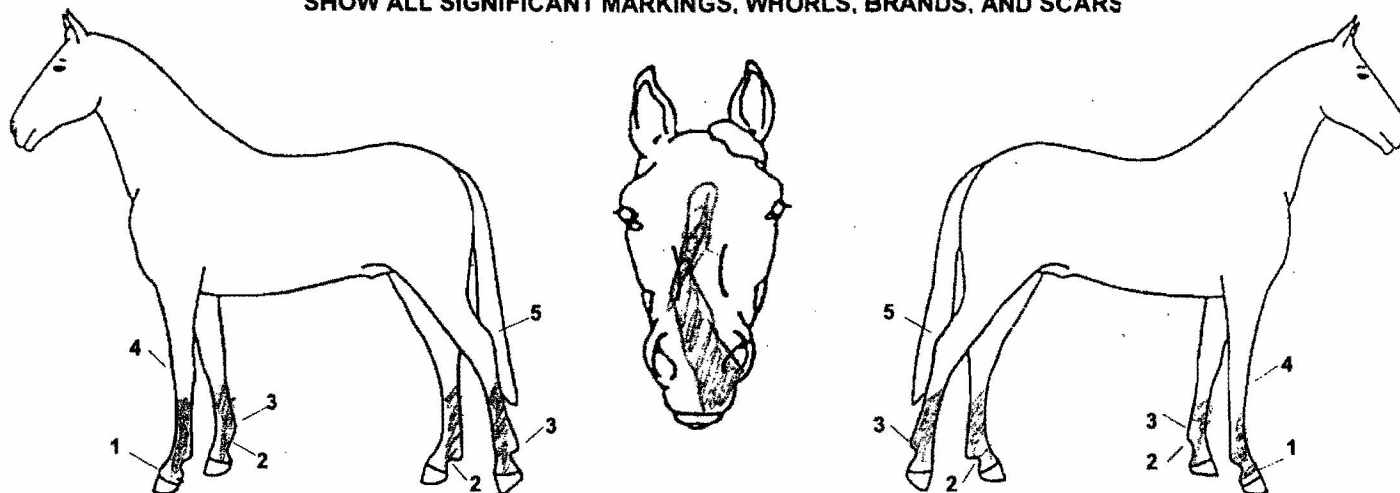
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/12/11
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Bra	19. 985 170 000 651 772	20. Color	21. Breed
				Swire Quarter horse	
				22. Electronic I.D. No.	23. Age or DOB
					8
				24. Sex	F
				M - Male F - Female G - Gelding N - Neuter	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Dark grey	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Stomach	28. RIGHT FORELIMB Stomach
29. LEFT HINDLIMB Stomach	30. RIGHT HINDLIMB Stomach

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/12/11	33. DATE REPORTED OUT 6/12/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).



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

SERIAL NO.

0679182

1. ACCESSION NUMBER

2. DATE BLOOD

DRAWN

ACI 11098 6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

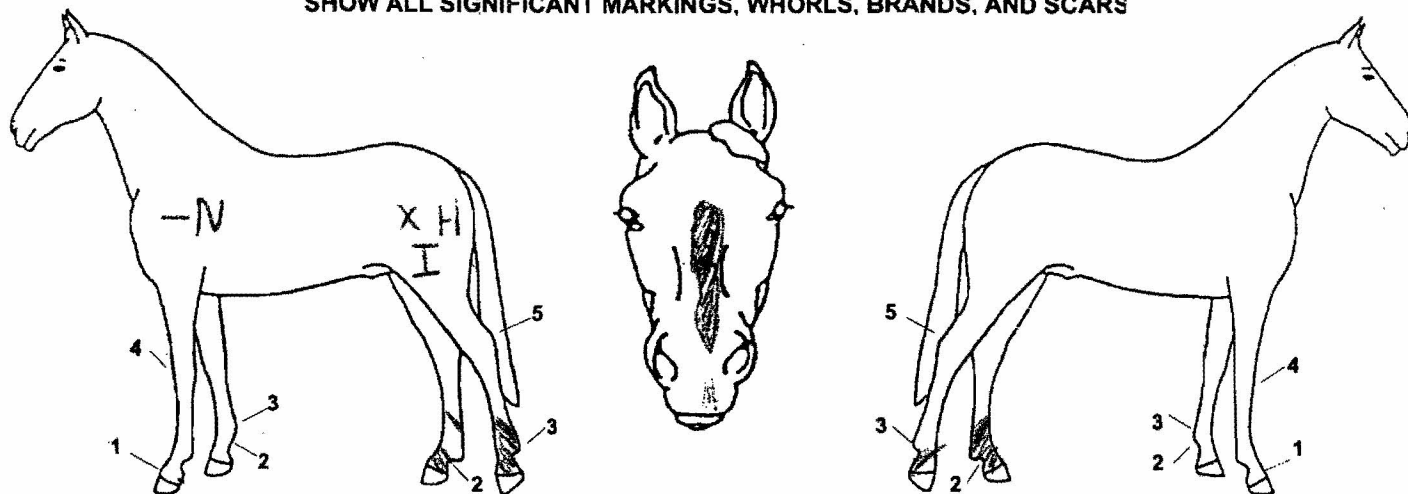
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	1P Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985 170 000 655 752		Saddle Quarter horse		7	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 DIP. STUBB CUTP	26. OTHER MARKS AND BRANDS LSI-N; LHI XH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Buck	30. RIGHT HINDLIMB Buck

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		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).

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

SERIAL NO.

0679183

1. ACCESSION NUMBER

11349

2. DATE BLOOD  
DRAWN

6/12/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

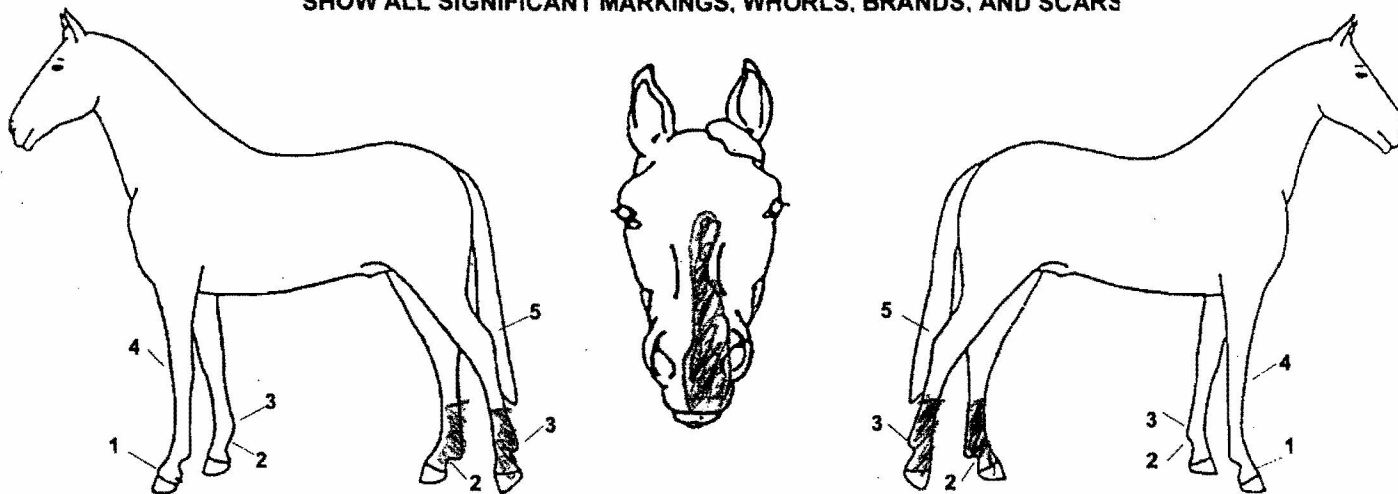
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/12/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Bra	19. Barcode 985 170 000 667 218	20. Color Bay	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex G
						M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Dark skin - grey	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Dark	30. RIGHT HINDLIMB Dark

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>0679184</b>	1. ACCESSION NUMBER <b>11600</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
	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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1167</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b>	
Tel No. County <b>NM.</b>		Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>	

### 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 (b)(6)	11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>	12. SIGNATURE DATE <b>6/13/10</b>
--	--	--------------------------------------

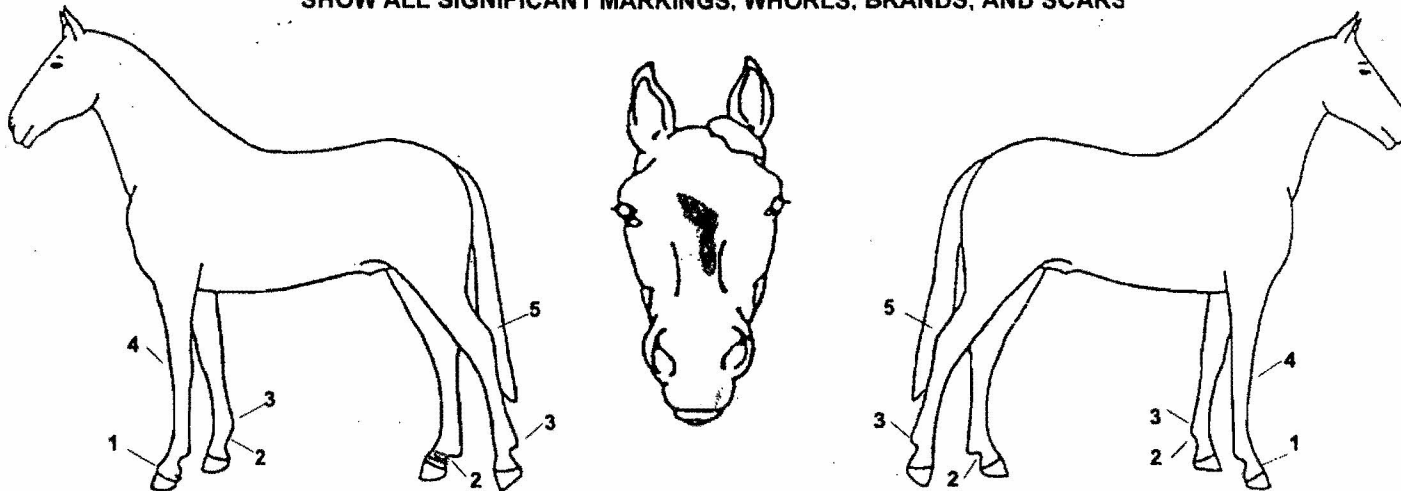
### CERTIFICATION OF OWNER OR OWNER'S AGENT

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. Official Tao	18. Tattoo/Br <b>985 170 000 653 271</b>	20. Color <b>solid</b>	21. Breed <b>Quarter Horse</b>	22. Electronic I.D. No.	23. Age or DOB <b>7</b>	24. Sex <b>F</b>	M - Male F - Female G - Gelding N - Neuter
---------------------------------	---	---------------------------	-----------------------------------	-------------------------	----------------------------	---------------------	---

### SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

### NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <b>Star - 3/10 P</b>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB <b>solid</b>

### FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN			35. 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).

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

SERIAL NO.

00679185

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASNER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNARDINO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

## 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. Official  
Tag 18.  
Tattoo/Br

985 170 000 665 709



20. Color

Self

21. Breed

Quarter  
horse22. Electronic  
I.D. No.23. Age or  
DOB

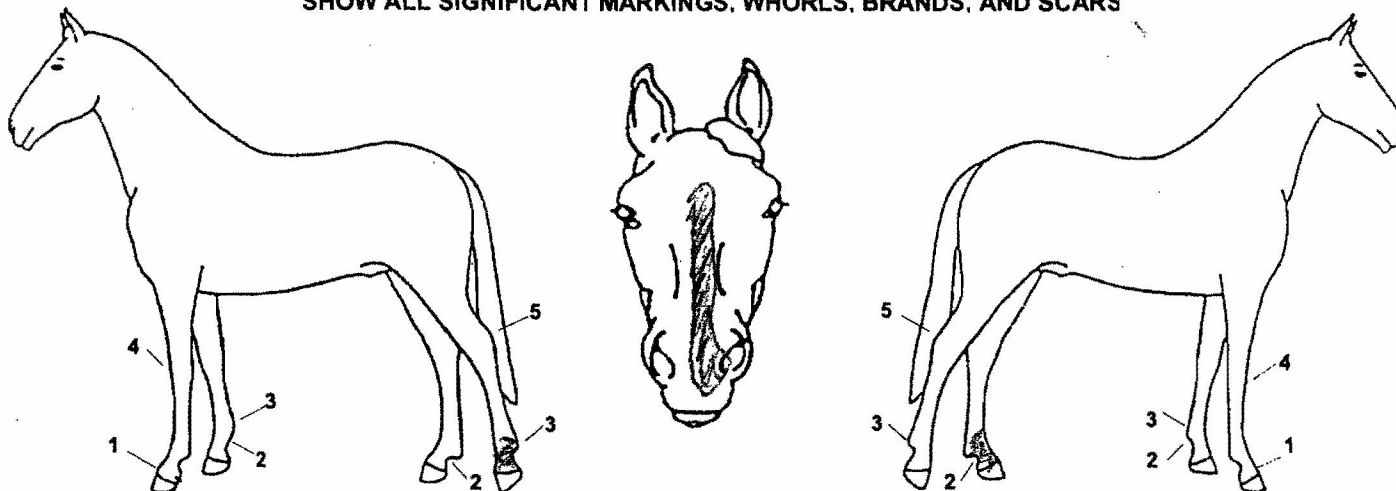
2

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Buck - snip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

Buck

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/10/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA



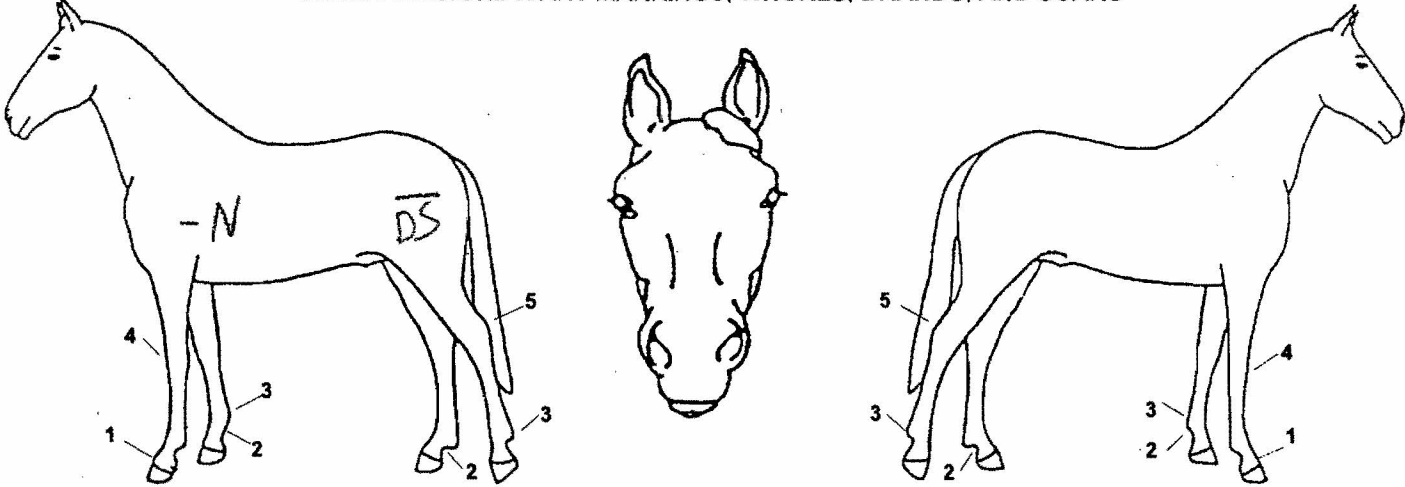
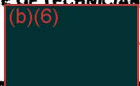
## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)				SERIAL NO. <b>0679186</b>	1. ACCESSION NUMBER <b>ACL 11602</b>	2. DATE BLOOD DRAWN <b>6/12/10</b>
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>						
3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export				7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1167</b>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b>				9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b>		
Tel No.		County <b>NM.</b>		Tel No. <b>(505) 610-4711</b>		Zip Code <b>87120</b> County <b>BERNALILLO</b>
<b>CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN</b> 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 				11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>		12. SIGNATURE DATE <b>6/12/10</b>
<b>CERTIFICATION OF OWNER OR OWNER'S AGENT</b> 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.	Official Tag	18. Tattoo/Bra	<b>985 170 000 665 331</b> 		20. Color <b>gray</b>	21. Breed <b>Quarter Horse</b>
				22. Electronic I.D. No.	23. Age or DOB <b>6</b>	24. Sex <b>6</b>
				M - Male F - Female G - Gelding N - Neuter		
<b>SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS</b>						
						
1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock						
<b>NARRATIVE DESCRIPTION AND REMARKS</b>						
25. HEAD				26. OTHER MARKS AND BRANDS <b>-N/LS DS 104</b>		
27. LEFT FORELIMB				28. RIGHT FORELIMB		
29. LEFT HINDLIMB				30. RIGHT HINDLIMB		
<b>FOR LABORATORY USE ONLY</b>						
31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>			32. DATE RECEIVED <b>6/12/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
			36. SIGNATURE OF TECHNICIAN 		35. 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).

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

SERIAL NO.  
**Q0679187**

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACL

11603

6/13/10

**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 checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS Zip Code Tel No. County
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

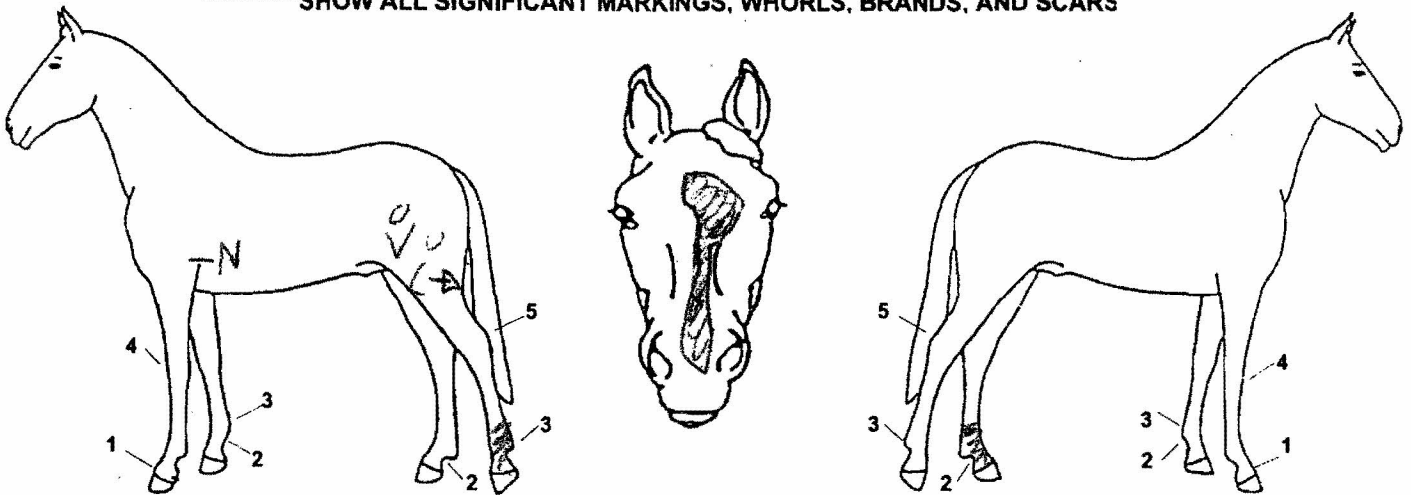
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tao	18. Tattoo/Brand	19. Name of Horse 985 170 000 654 265	20. Color Buck skin	21. Breed Quarter horse
				22. Electronic I.D. No.	23. Age or DOB 4
					24. Sex G
					M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Stock - solid	26. OTHER MARKS AND BRANDS N/L S (P) / LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB ACL	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)	35. 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).



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

SERIAL NO.

00679189

1. ACCESSION NUMBER

11605

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> 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)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		N/A. Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS ALAMOS, NM Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

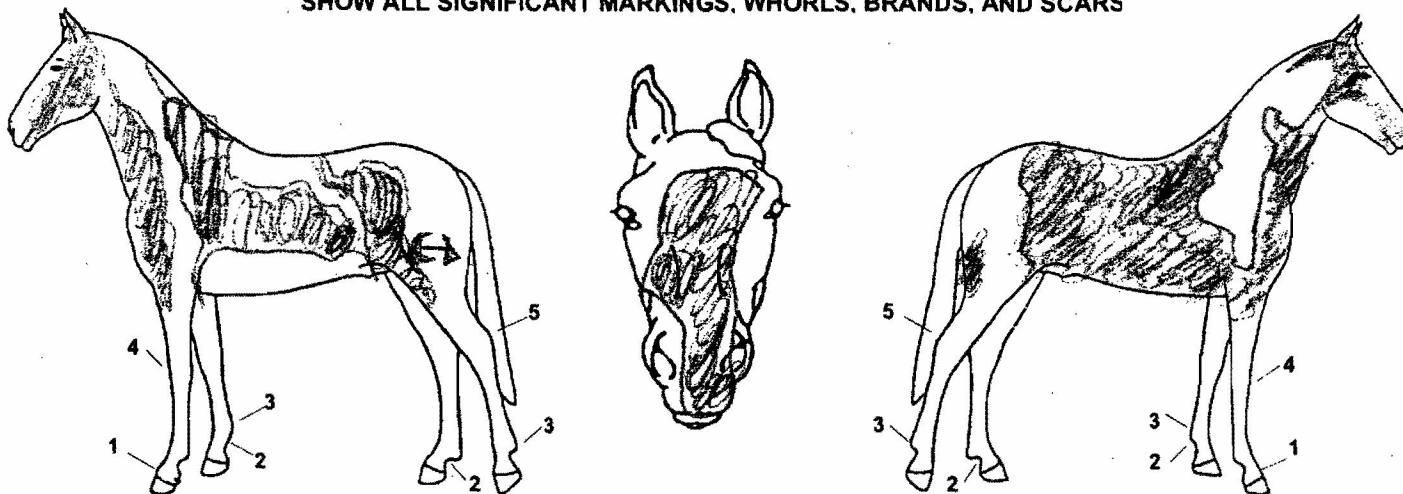
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo	19. Barcode 985 170 000 636 233			20. Color Brown	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 1	24. Sex F	M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)			35. 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).

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

SERIAL NO.

0679188

1. ACCESSION NUMBER

ACT 11604

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM		Tel No. (505) 610-4711 County SERRA VALLEY	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

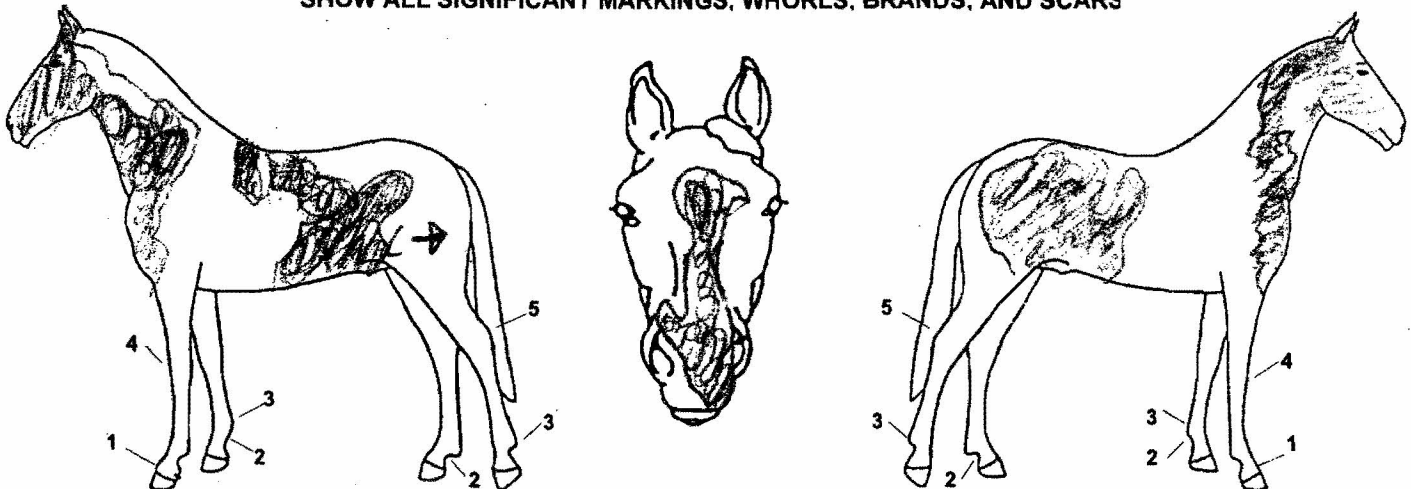
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

I certify that I 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.	Official Tao	18. Tattoo/Br.	19. 985 170 000 636 230	20. Color Red white	21. Breed Paint
				22. Electronic I.D. No.	23. Age or DOB 1
					24. Sex G
					M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**


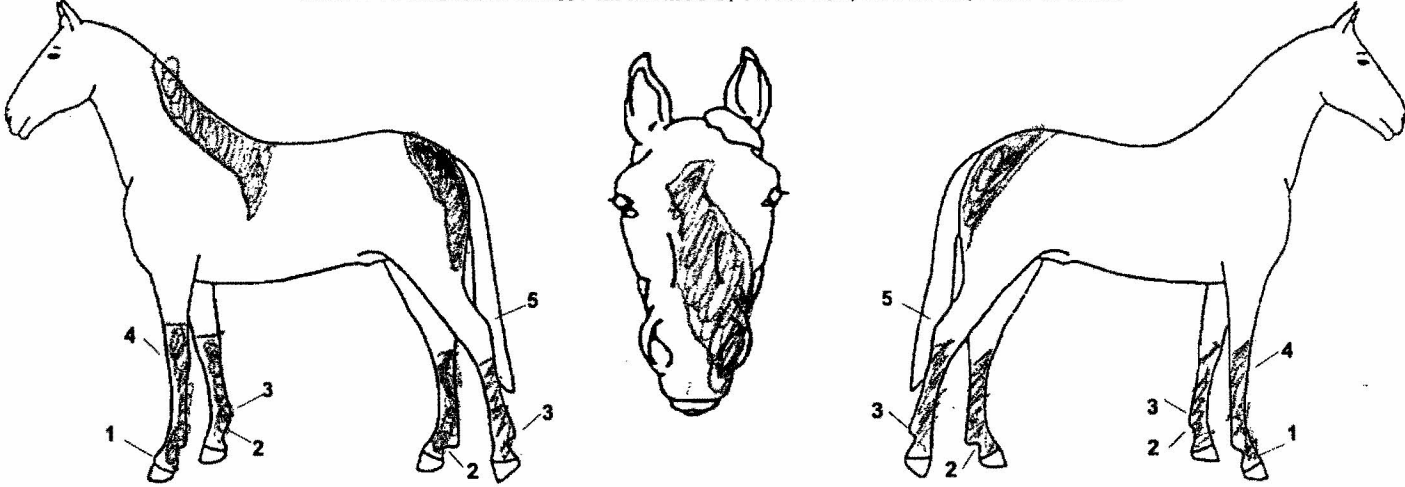
25. HEAD	26. OTHER MARKS AND BRANDS C → 4H
27. LEFT FORELIMB white	28. RIGHT FORELIMB red white
29. LEFT HINDLIMB pawed	30. RIGHT HINDLIMB pawed

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)				SERIAL NO. <b>00679190</b>	1. ACCESSION NUMBER <b>ACL. 11606</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>						
3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export				7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1167</b>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b>				9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b>		
Tel No.		County <b>NM.</b>		Zip Code <b>87120</b>		County <b>BERNALILLO</b>
<b>CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN</b> 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 <div style="background-color: black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;">(b)(6)</div>				11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>		12. SIGNATURE DATE <b>6/13/10</b>
<b>CERTIFICATION OF OWNER OR OWNER'S AGENT</b> 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.	Official Tag	18. Tattoo/Br.	19. ID No. <b>985 170 000 652 842</b> 		20. Color <b>Black White</b>	21. Breed <b>Paint</b>
			22. Electronic I.D. No.	23. Age or DOB <b>1</b>	24. Sex <b>M</b>	M - Male F - Female G - Gelding N - Neuter
<b>SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS</b>						
						
1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock						
<b>NARRATIVE DESCRIPTION AND REMARKS</b>						
25. HEAD <b>Paint</b>				26. OTHER MARKS AND BRANDS		
27. LEFT FORELIMB				28. RIGHT FORELIMB		
29. LEFT HINDLIMB				30. RIGHT HINDLIMB		
<b>FOR LABORATORY USE ONLY</b>						
31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>			32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</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 <div style="background-color: black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;">(b)(6)</div>			35. 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).

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

SERIAL NO.

Q0679191

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACI 11607 6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.V. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

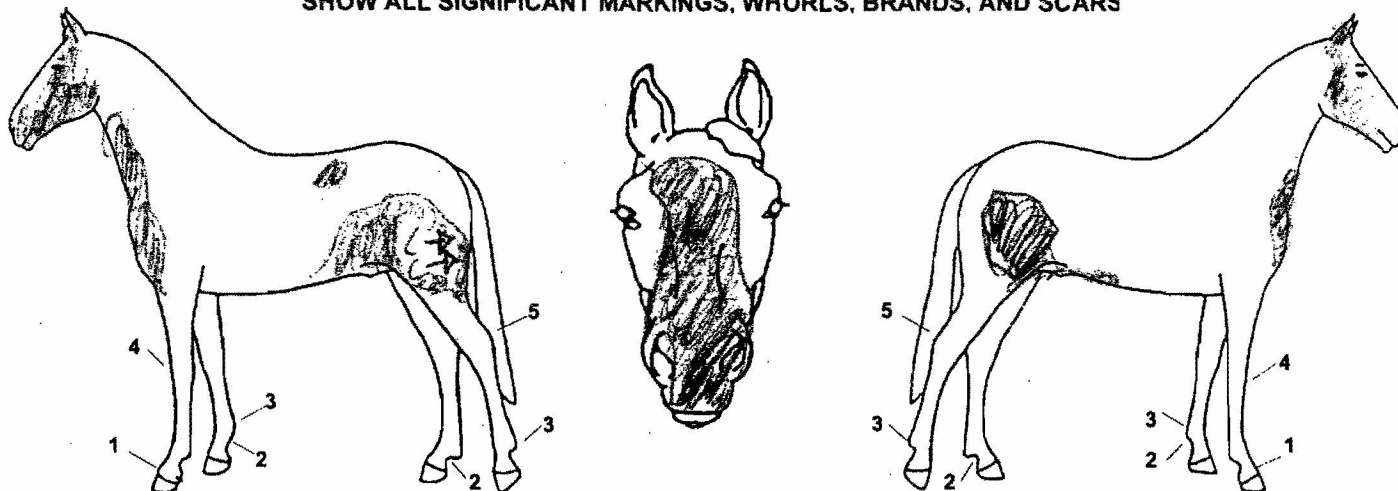
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.V. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
---	---	-------------------------------

**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.	Official Tao	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985 170 000 653 457	Red	Paint		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 C-3 4/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

00679192

1. ACCESSION NUMBER

ACQ. 11602

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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 FEDERAL VETERINARIAN

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

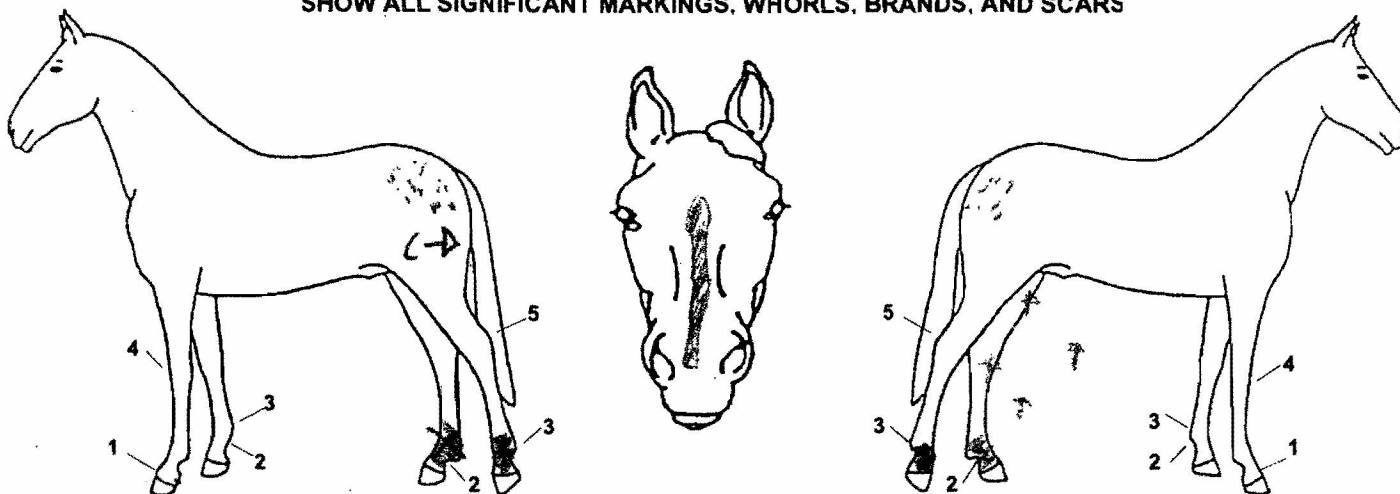
16. Tube No.	Official Tag	18. Tattoo/Brand

985 170 000 635 627



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Roan	Appaloosa		1	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
strip	G-4/LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
sock	sock

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/13/10	6/13/10	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN		36. REMARKS	
(b)(6)			

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).

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

SERIAL NO.

**Q0679193**

1. ACCESSION NUMBER

ACL. 11609

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**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.

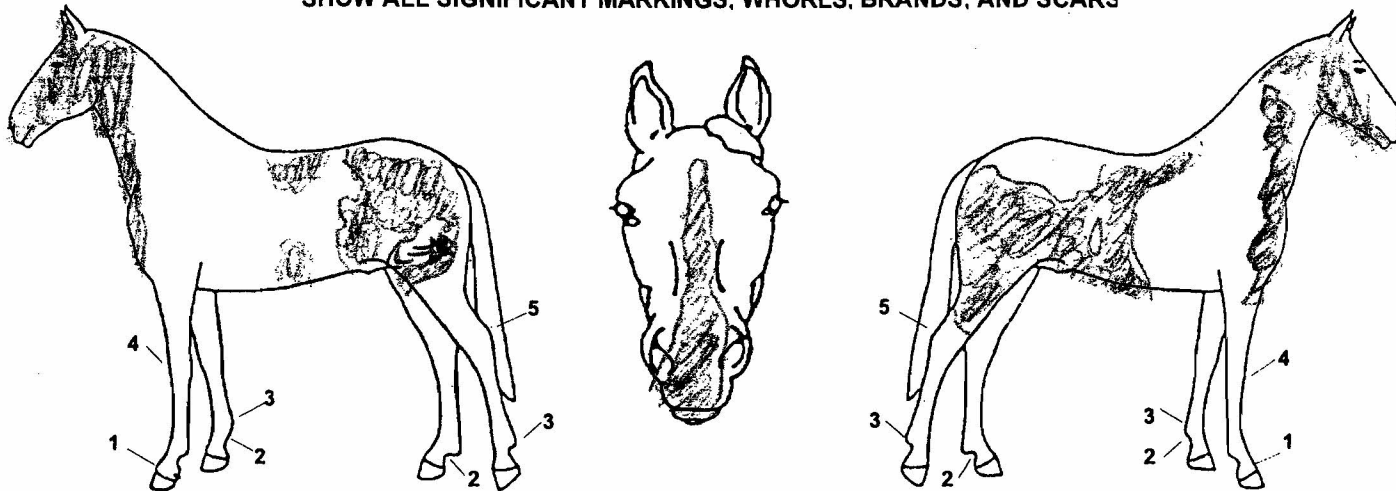
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color Red white	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 1	24. Sex M	M - Male F - Female G - Gelding N - Neuter

985 170 000 664 952

**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 C → L/H
27. LEFT FORELIMB white paint	28. RIGHT FORELIMB white paint
29. LEFT HINDLIMB white paint	30. RIGHT HINDLIMB white paint

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679194

1. ACCESSION NUMBER

ACL.

11610

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show ☐ First Test

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.Official  
Tag18  
Tattoo/

985 170 000 665 583

20. Color

Black  
white

21. Breed

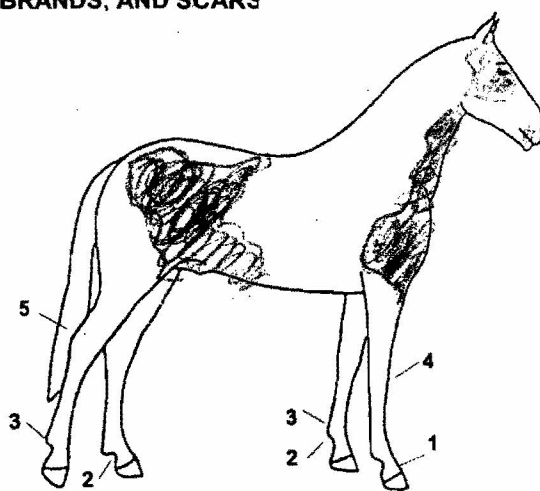
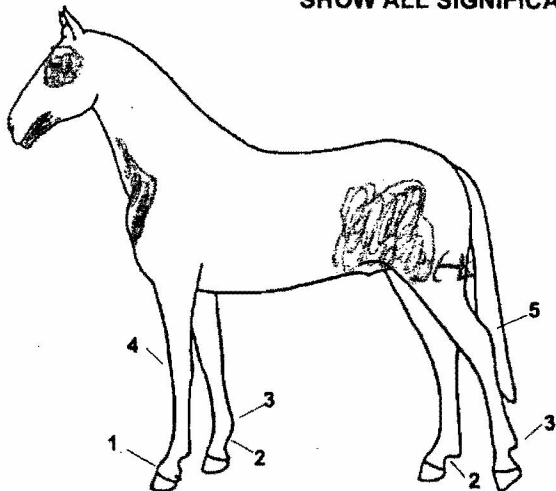
Paint

22. Electronic  
I.D. No.23. Age or  
DOB

24. Sex

M - Male  
F - Female  
G - Gelding  
N - Neuter

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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 36. SIGNATURE OF VETERINARIAN

(b)(6)

## 35. 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).

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

SERIAL NO.

00679195

1. ACCESSION NUMBER

ACQ 11611

2. DATE BLOOD  
DRAWN

6/12/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/s/w. LIVESTOCK AUCTION LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.			County		Zip Code
Tel No.			County		Zip Code

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

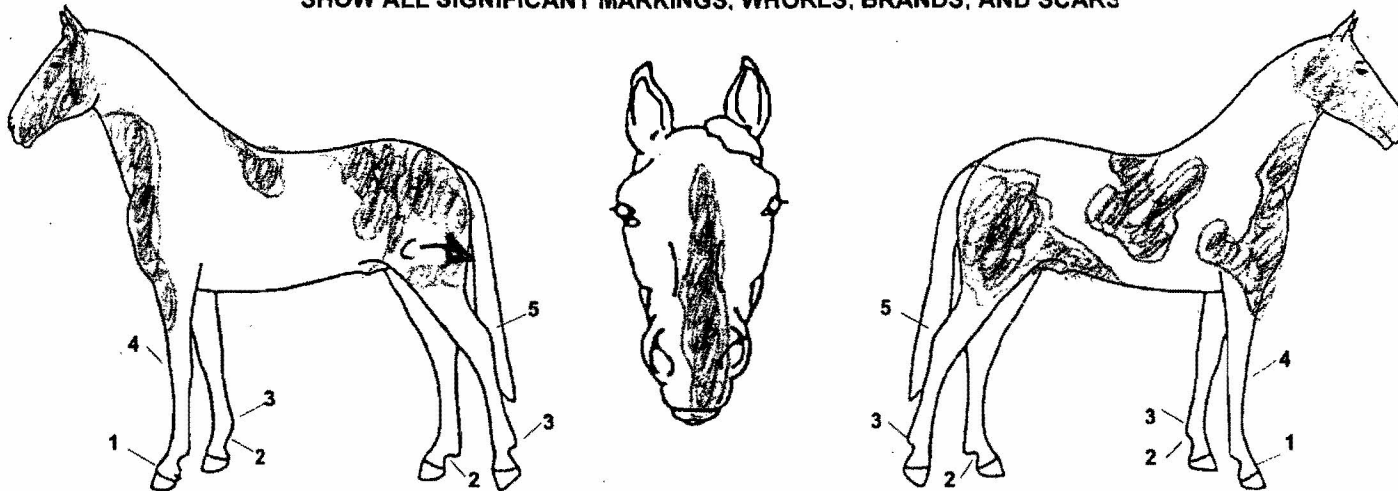
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/12/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/ID	20. Color Brown white	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 1	24. Sex M	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD brown white paint	26. OTHER MARKS AND BRANDS C-74H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679196

1. ACCESSION NUMBER

APL 11610

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**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.

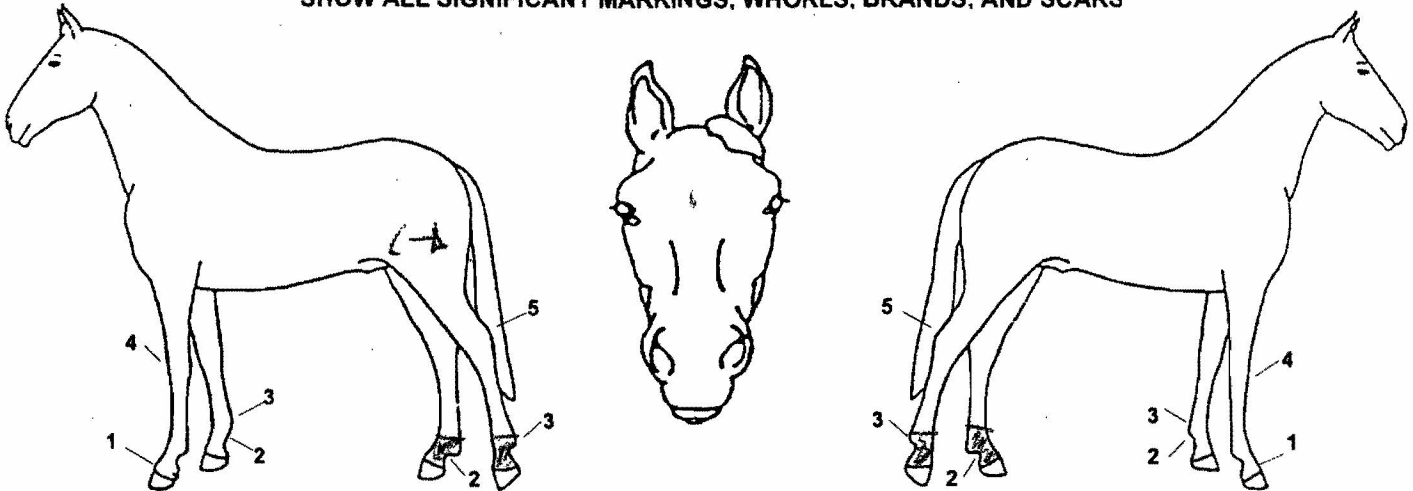
10. SIGNATURE OF FEDERALLY (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--------------------------------------	---	-------------------------------

**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.	Official Tao	18. Tattoo/BI	20. Color Black skin	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex 6	M - Male F - Female G - Gelding N - Neuter

985 170 000 657 621

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Solid	26. OTHER MARKS AND BRANDS C → LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Solid	30. RIGHT HINDLIMB Solid

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

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

SERIAL NO.

00679197

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACI. 11/13 6/13/10

**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"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMEK DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County		Tel No. County	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

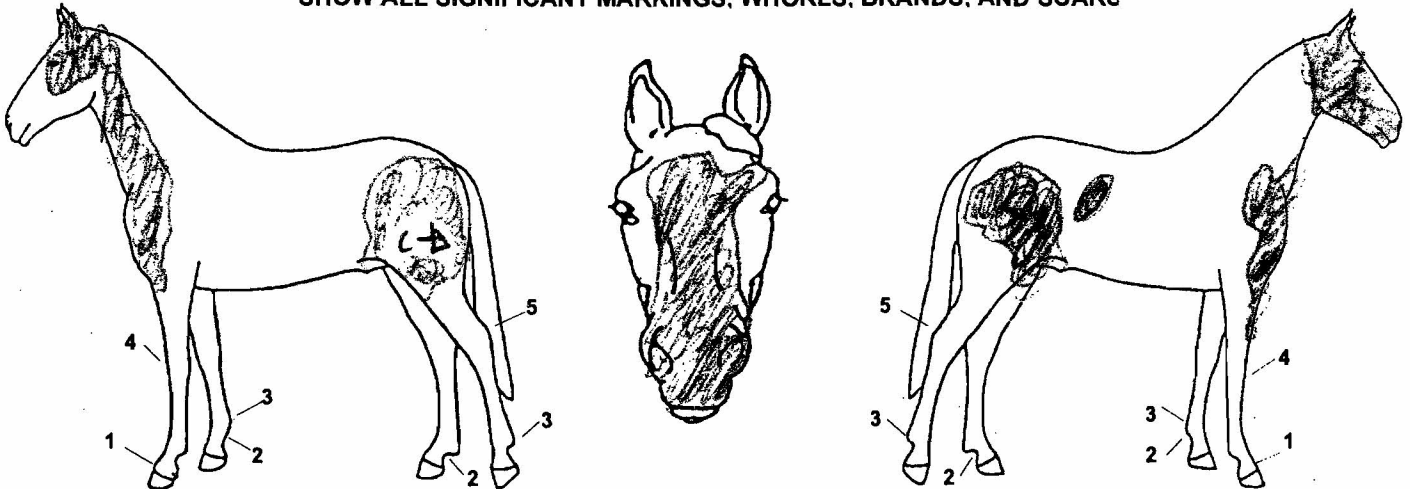
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMEK DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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  985 170 000 667 426			14. TYPE OR PRINT SIGNATURE NAME Black Paint			15. SIGNATURE DATE 1 F		
16. Tube No.	Official Tag	18. Tattoo/Br	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter

**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 C-1 LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)			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).



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>0679198</b>	1. ACCESSION NUMBER <b>6/13/14</b>	2. DATE BLOOD DRAWN <b>6/13/14</b>
	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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1167</b>		8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION</b> <b>LOS LUNAS, NM</b> Zip Code _____ Tel No. _____ County <b>NM</b>	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C. Y. BRASMER DVM</b> <b>5900 JONES PLACE NW</b> <b>ALBUQUERQUE, NM</b> Zip Code <b>87120</b> Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>			


## 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.

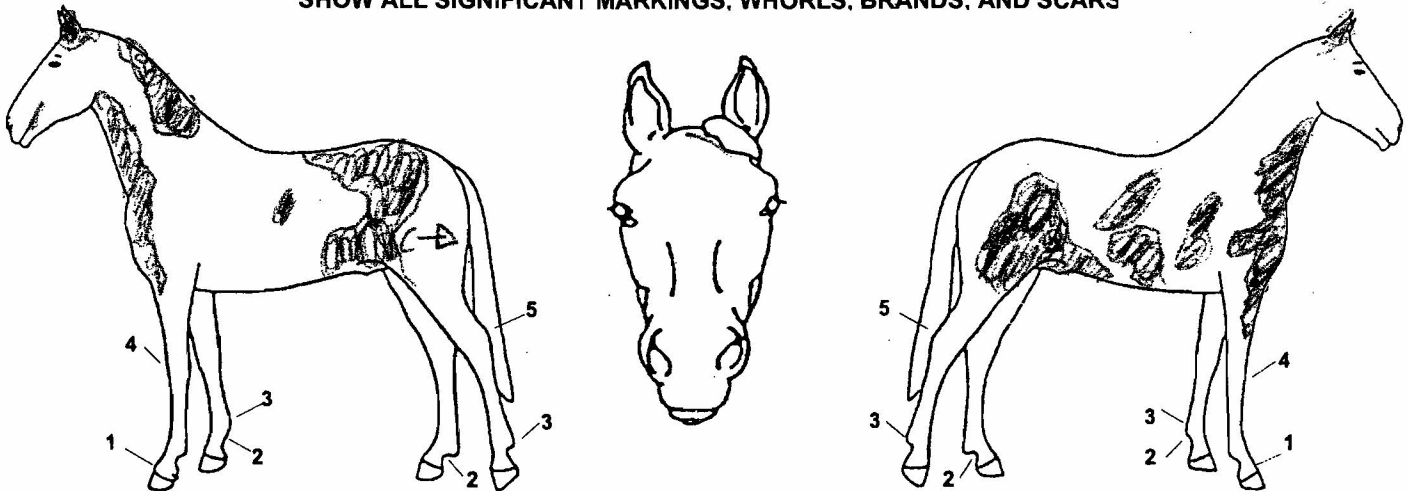
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <b>(b)(6)</b>	11. TYPE OR PRINT SIGNATURE NAME <b>C. Y. BRASMER DVM</b>	12. SIGNATURE DATE <b>6/13/14</b>
---	--	--------------------------------------

## 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.	Official Tag	18. Tattt	20. Color <b>Black White</b>	21. Breed <b>Paint</b>	22. Electronic I.D. No.	23. Age or DOB <b>1</b>	24. Sex <b>M</b>	M - Male F - Female G - Gelding N - Neuter
								

## 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

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/14</b>	33. DATE REPORTED OUT <b>6/13/14</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <b>(b)(6)</b>		35. 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).

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

SERIAL NO.

00679199

1. ACCESSION NUMBER

ACL 11615

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W LIVESTOCK AUCTION

LOS UNAS

Zip Code

Tel No.

County

NM

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

C.Y. BRASHEE DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

BEECHER

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHEE DVM

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify 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

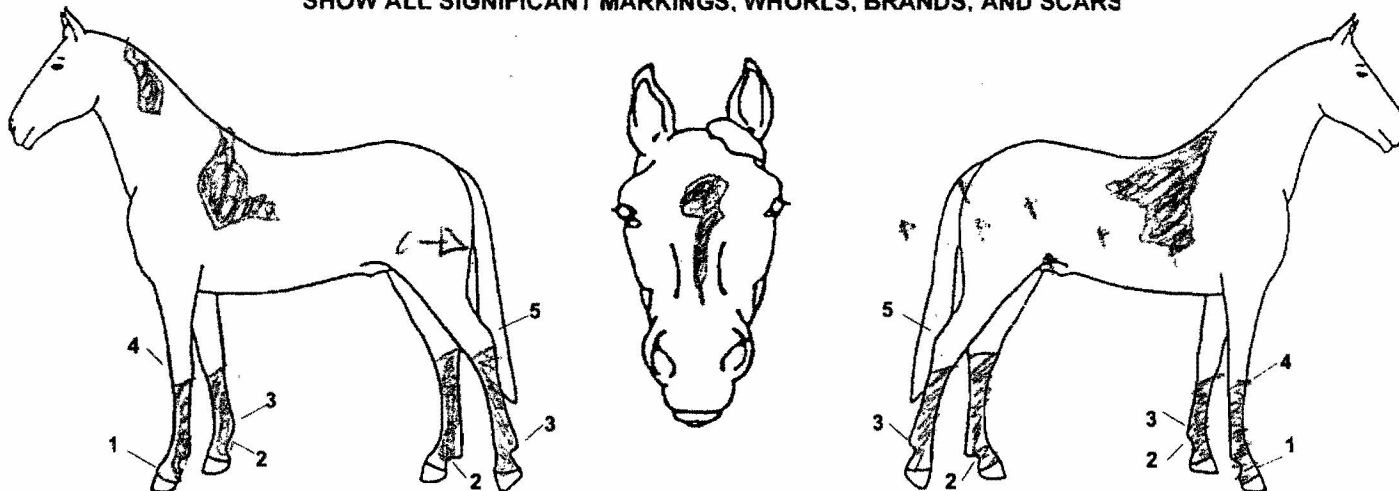
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Black white	Paint		1	M	

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

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/13/10	6/13/10	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN		35. REMARKS	
(b)(6)			

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).



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

SERIAL NO.

0679200

1. ACCESSION NUMBER

ACQ. 11616

2. DATE BLOOD  
DRAWN

6/12/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

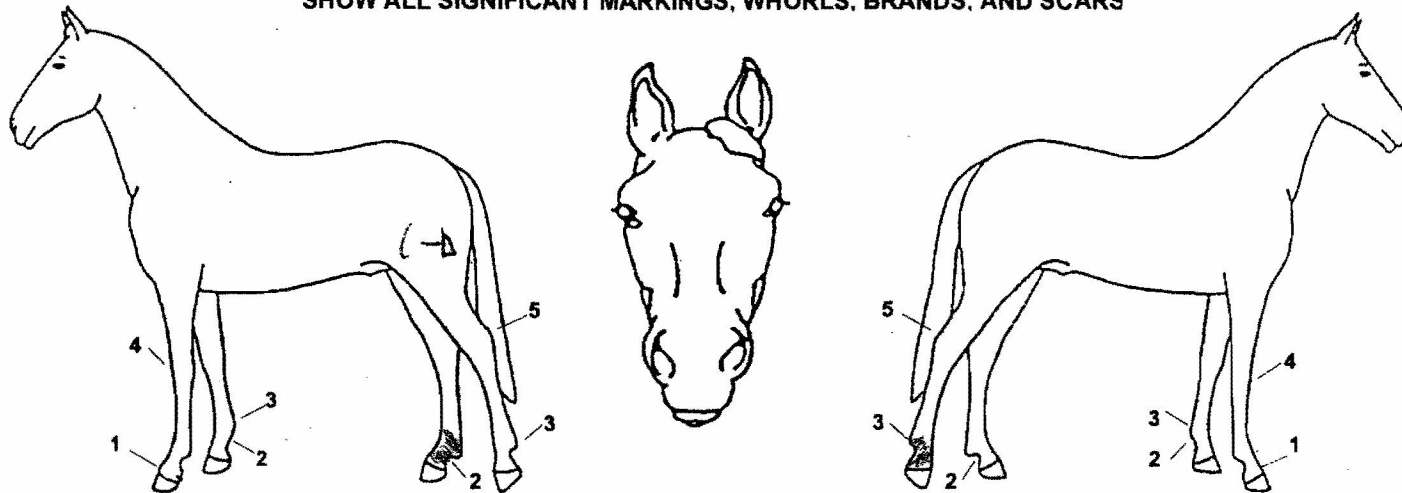
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/12/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	19. Barcode 985 170 000 666 692	20. Color Black	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 1	24. Sex M
						M - Male F - Female G - Gelding N - Neuter		

**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 C 4H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB SOCL

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
	0679051	ACCL 11617	6/12/10

**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		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
<input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	
LAT: LONG:	1167	<input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type)		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)	
DENNIS CHAVEZ		C.Y. BRASMER DVM.	
@ S/W. LIVESTOCK AUCTION		5900 JONES PLACE NW.	
LOS LUNAS		ALBUQUERQUE, NM.	
Zip Code		Zip Code 87120	
Tel No.		Tel No. (505) 610-4711	
County NM.		County BERNALILLO	

**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.

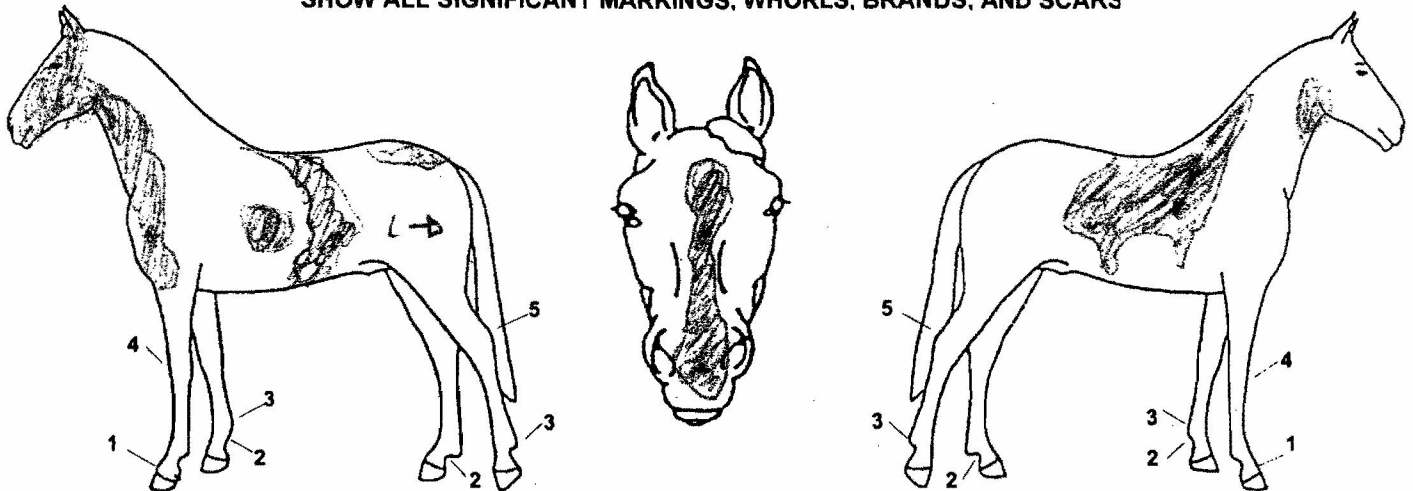
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM.	6/12/10

**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.	Official Tau	18. Tatoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985170000331896	Gray/white	Paint				

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/13/10	6/13/10	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN		36. REMARKS	
(b)(6)			

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).



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

SERIAL NO.

0679052

1. ACCESSION NUMBER

ACL 11618

2. DATE BLOOD  
DRAWN

6/12/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNARD 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 FEDERAL

(b)(6)

VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/12/10

## 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

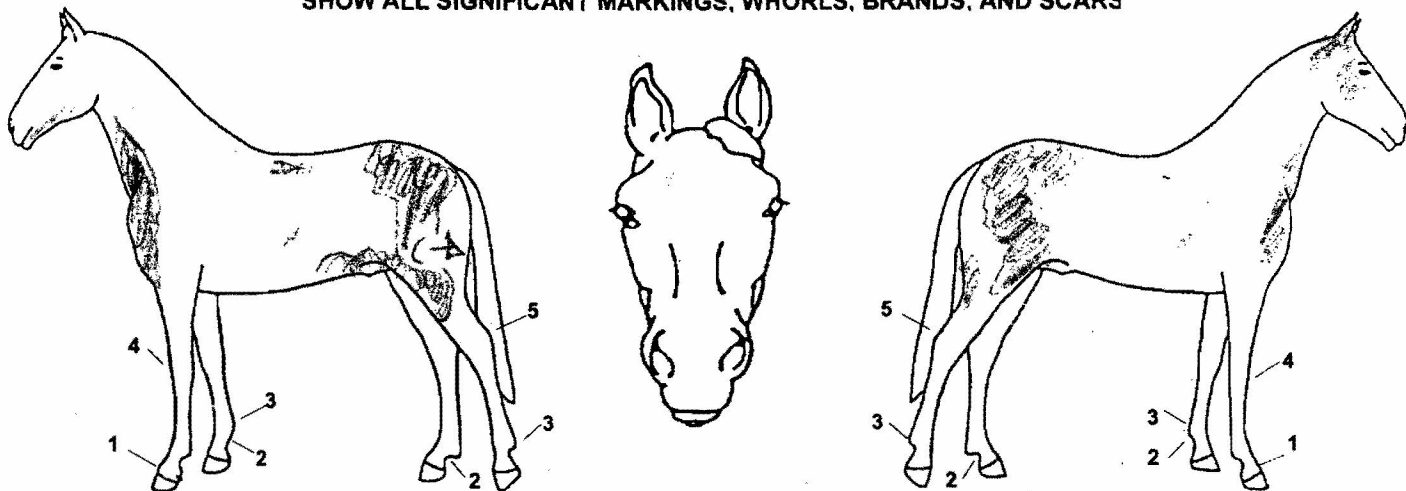
16. Tube No.	Official Tag	18. Tattoo/B.



985170000343997

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
White	Paint		1	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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. 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).

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

SERIAL NO.

0679053

1. ACCESSION NUMBER

2. DATE BLOOD

DRAWN

**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 ☐ Export

## 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:  
LONG:

## 5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☐ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

6 S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASNER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

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 FEDERAL VETERINARIAN

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

## 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. Official Tag 18. Tattoo/Brand

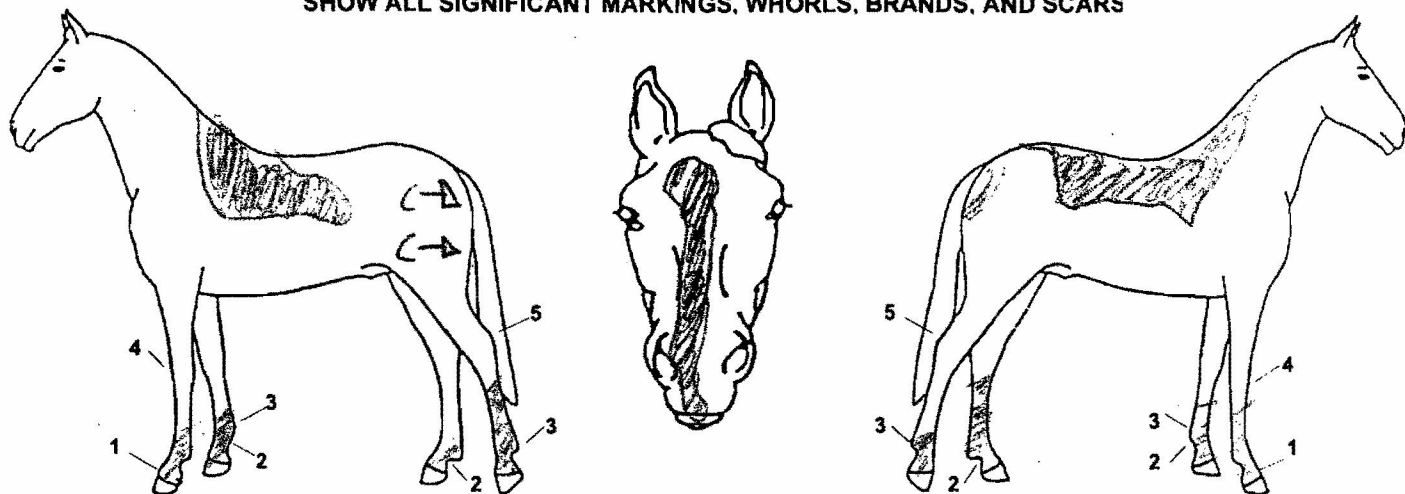


985170000333498

20. Color 21. Breed 22. Electronic I.D. No. 23. Age or DOB 24. Sex M - Male F - Female G - Gelding N - Neuter

Black Coat  
white

**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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

## 36. SIGNATURE OF

(b)(6)

## 33. DATE REPORTED OUT

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. 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).



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

SERIAL NO.

0679054

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

11600

6/13/11

**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 checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM.	
Tel No. County NM		Tel No. (505) 610-4711 County BERNALILLO	

**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.

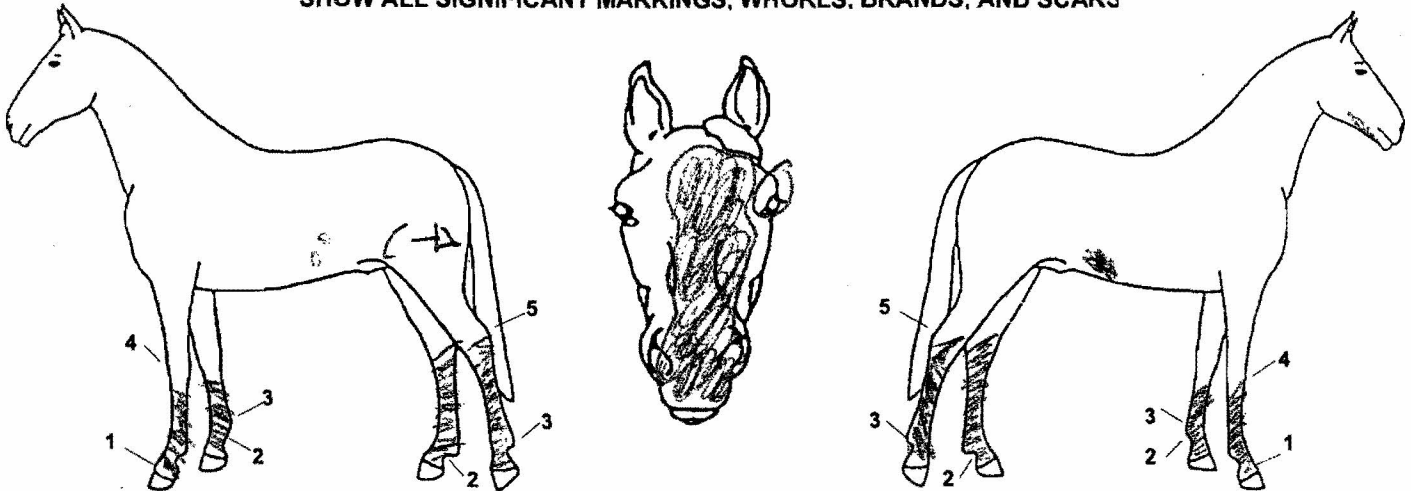
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 6/13/11
--	---	-------------------------------

**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.	Official Tag	17. Tattoo	20. Color Bay	21. Breed Friesian	22. Electronic I.D. No.	23. Age or DOB 1	24. Sex F	M - Male F - Female G - Gelding N - Neuter

985170000365454

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Gold (collet)	26. OTHER MARKS AND BRANDS C/L/L
27. LEFT FORELIMB VPP	28. RIGHT FORELIMB C/L/L
29. LEFT HINDLIMB Stocking	30. RIGHT HINDLIMB Stocking

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/11	33. DATE REPORTED OUT 6/13/11	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 (b)(6)		35. 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).

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

SERIAL NO.

00679055

1. ACCESSION NUMBER

11621

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

S/W. LIVESTOCK AUCTION

LOS LUNAS

Zip Code

Tel No.

County

NM

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

C.Y. KRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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 FEDERAL

(b)(6)

VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. KRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

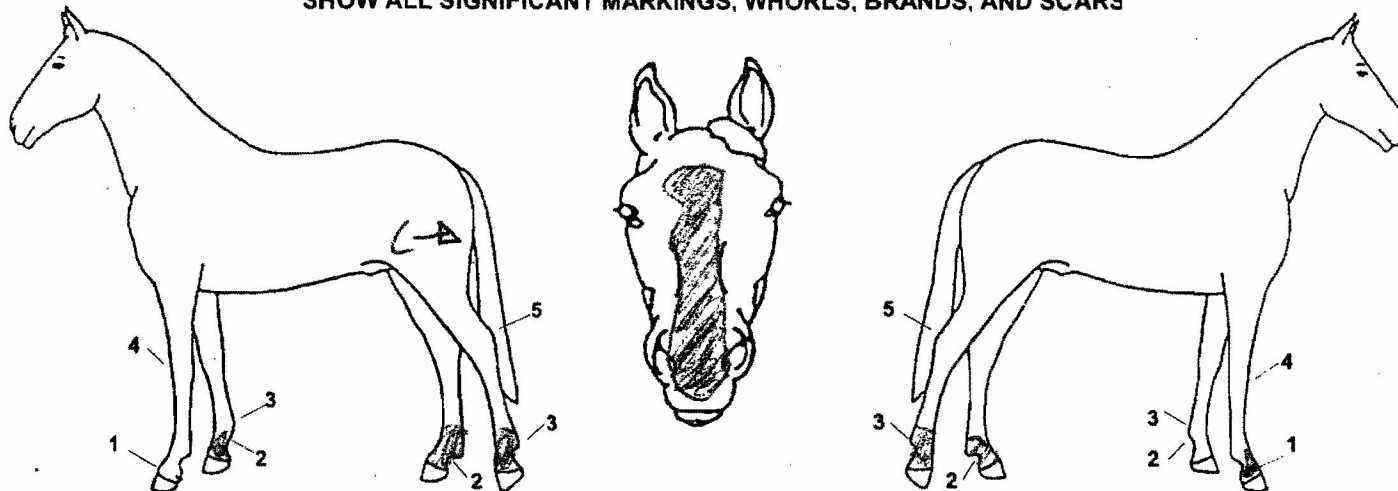
16. Tube No.	Official Tag	18. Tattoo/Br



985170000372628

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
grey	Paint		2	Y	

**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

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/13/10	6/13/10	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN		35. REMARKS
	(b)(6)		

Falsification of this form or knowingly using a falsified form is an 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).



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

SERIAL NO.

0679056

1. ACCESSION NUMBER

ACL 11622

2. DATE BLOOD  
DRAWN

6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c S/W, LIVESTOCK AUCTION, LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

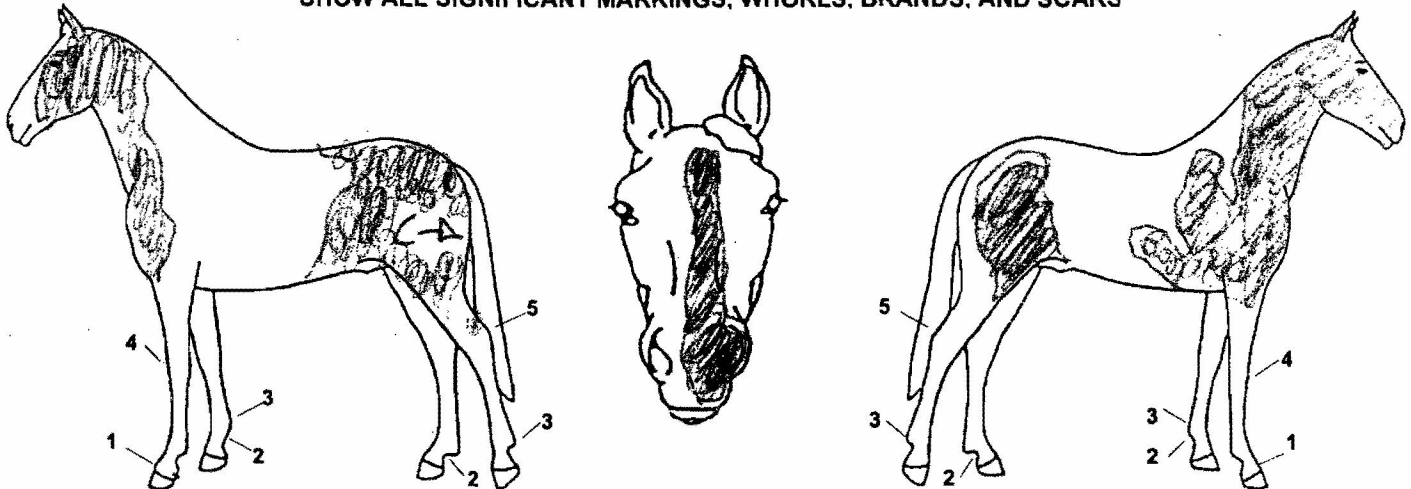
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/ 985170000367004	20. Color Black white	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex 6	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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


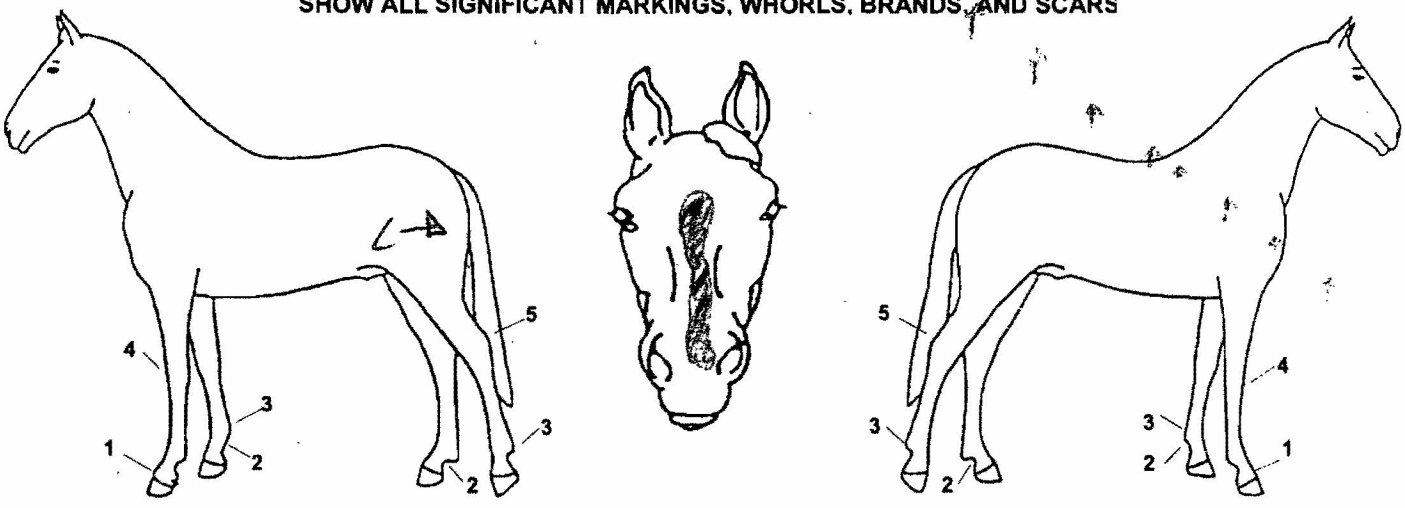
**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD	26. OTHER MARKS AND BRANDS C-4/L1
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB white pastern	30. RIGHT HINDLIMB white pastern

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)				SERIAL NO. <b>0679057</b>	1. ACCESSION NUMBER 11623	2. DATE BLOOD DRAWN 6/12/10
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>						
3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export				7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		N/A.    Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.    Zip Code Tel No.    County NM				9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM    Zip Code 87120 Tel No. (505) 610-4711    County BERNALILLO		
<b>CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN</b> 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 (b)(6)				11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 6/12/10
<b>CERTIFICATION OF OWNER OR OWNER'S AGENT</b> 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.	Official Tag	18. Tattoo/E	 985170000332731		20. Color Buck skin	21. Breed Quarter horse
					22. Electronic I.D. No.	23. Age or DOB 2
					24. Sex 6	M - Male F - Female G - Gelding N - Neuter
<b>SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS</b>						
						
1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock						
<b>NARRATIVE DESCRIPTION AND REMARKS</b>						
25. HEAD SNIP				26. OTHER MARKS AND BRANDS C-D/LH		
27. LEFT FORELIMB				28. RIGHT FORELIMB		
29. LEFT HINDLIMB				30. RIGHT HINDLIMB		
<b>FOR LABORATORY USE ONLY</b>						
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.			32. DATE RECEIVED 6/12/10	33. DATE REPORTED OUT 6/12/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
			36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679058

1. ACCESSION NUMBER

ACT

11624

2. DATE BLOOD  
DRAWN

6/13/10

**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☐ Retest☐ First Test☒ Export4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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 (b)(6) INARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

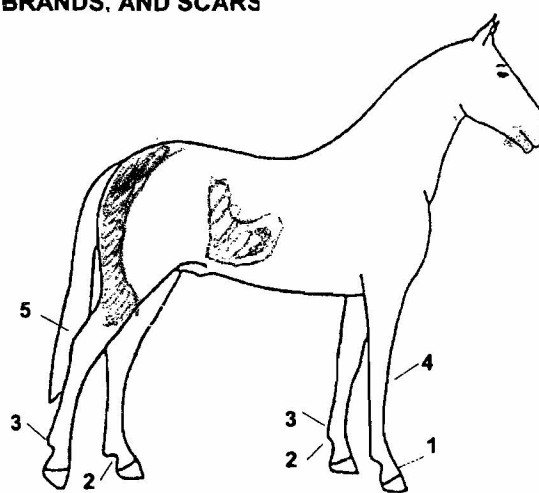
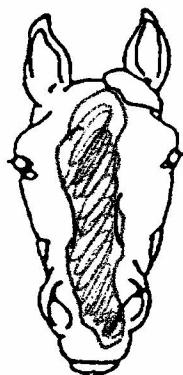
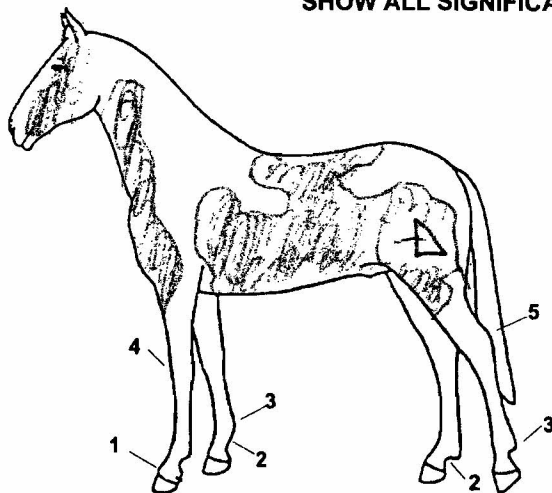
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Brown Paint	White		W	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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/16/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

Q0679059

1. ACCESSION NUMBER

2. DATE BLOOD

DRAWN

ACT. 11/005

6/12/11

**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☒ Export

## 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:  
LONG:

## 5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87113

Tel No.

(505) 610-4711

County

BERNARDINO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/12/11

## 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.

Official Tag

18. Tattoo



985170000353166

20. Color

21. Breed

22. Electronic I.D. No.

23. Age or DOB

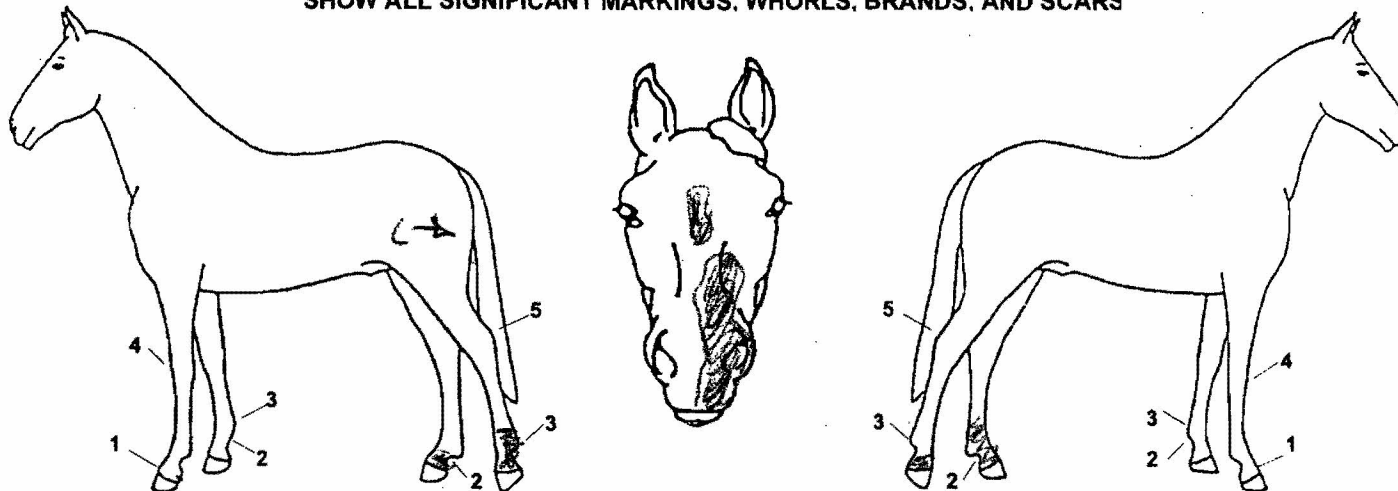
24. Sex

M - Male  
F - Female  
G - Gelding  
N - NeuterRed  
RounQuarter  
horse

3

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

4/10/11 SNIP

## 26. OTHER MARKS AND BRANDS

C-1 / L-11

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

SOCL

## 30. RIGHT HINDLIMB

SOCL

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/11

## 33. DATE REPORTED OUT

6/13/11

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 36. SIGNATURE OF VETERINARIAN

(b)(6)

## 35. 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).



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

SERIAL NO.

0679060

1. ACCESSION NUMBER

11626

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASHER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNARD

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.	Official Tag	18. Tattoo/Brand



985170000345831

20. Color

21. Breed

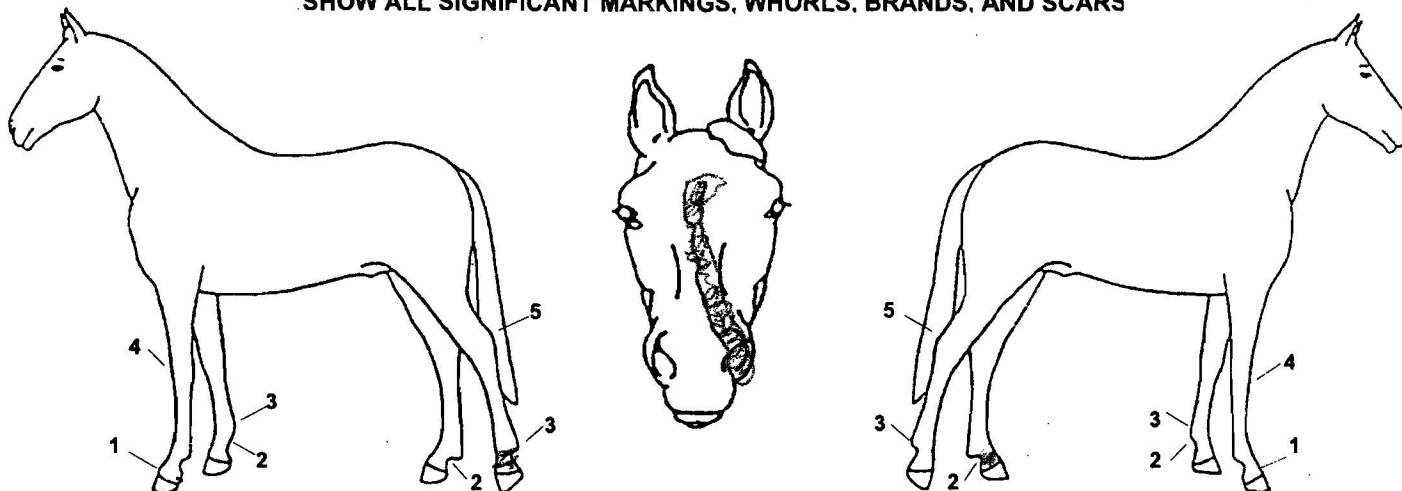
22. Electronic I.D. No.

23. Age or DOB

24. Sex

M - Male  
F - Female  
G - Gelding  
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Stall - stable

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

crown

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

Q0679061

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACT. 11079 6/13/10

**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 checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS ALAMOS		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. V. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Zip Code Tel No. County		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

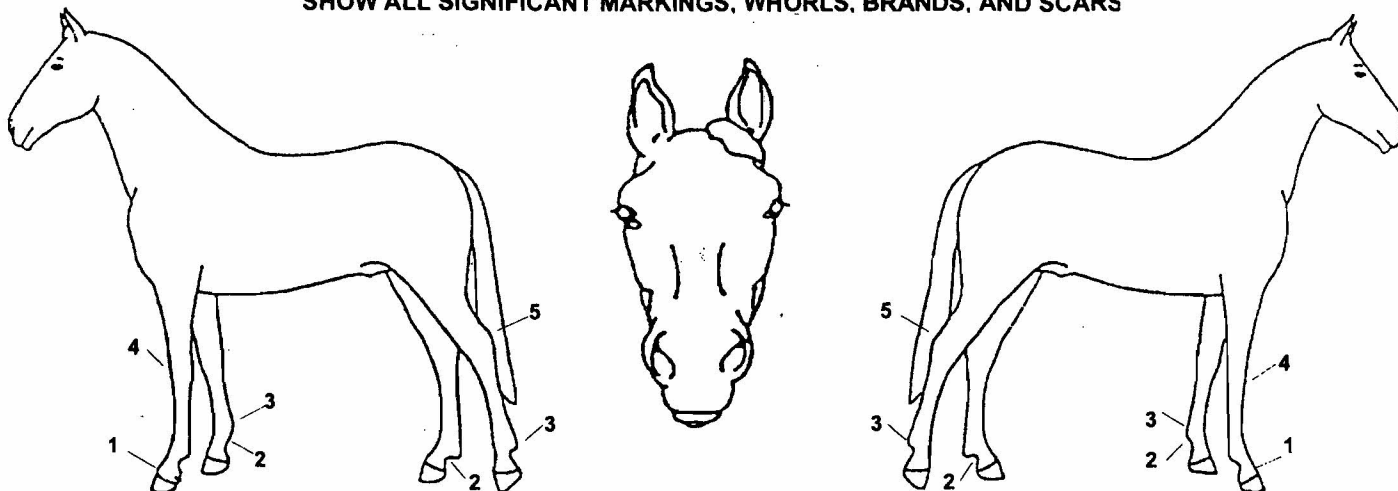
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.V. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brz	20. Color Black	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter
985 170 000 667 468								

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

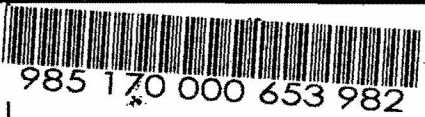
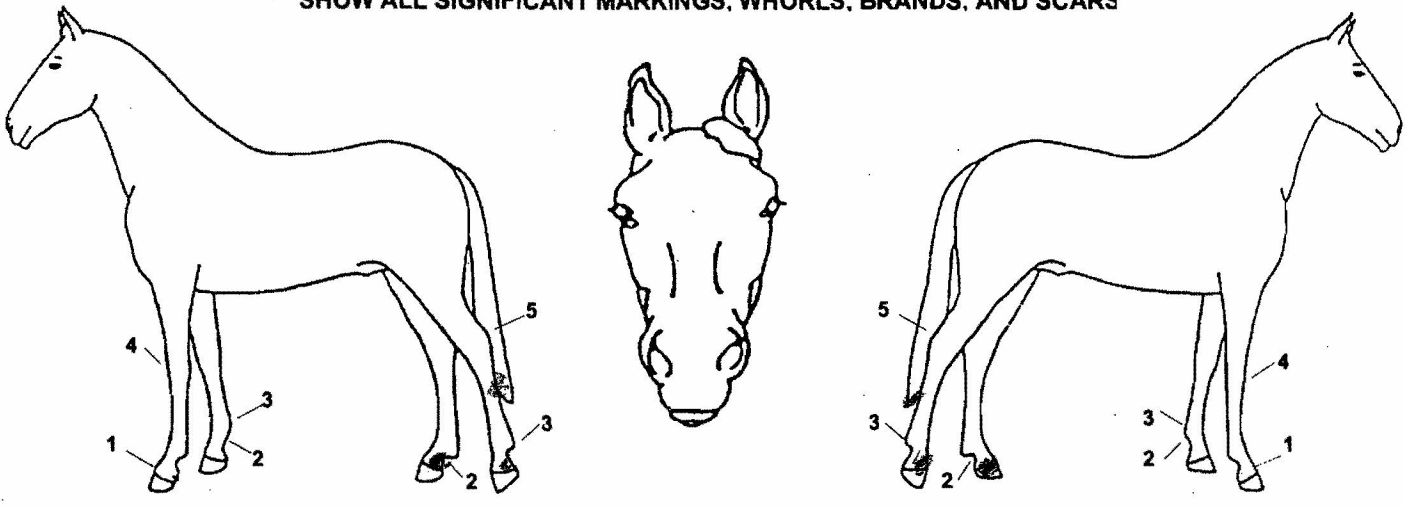
25. HEAD White - Stall	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <del>White - Stall</del>	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)				SERIAL NO. <b>0679062</b>	1. ACCESSION NUMBER 11180	2. DATE BLOOD DRAWN 6/13/10
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>						
3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export				7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No.    County				9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES BLVD NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711    County		
<b>CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN</b> 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 FEDERAL VETERINARIAN (b)(6)				11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 6/13/10
<b>CERTIFICATION OF OWNER OR OWNER'S AGENT</b> 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.	Official Tag	18. Tattoo/Br	 985 170 000 653 982		20. Color Dun	21. Breed Quarter Horse
					22. Electronic I.D. No.	23. Age or DOB 4
					24. Sex F	M - Male F - Female G - Gelding N - Neuter
<b>SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS</b>						
						
1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock						
<b>NARRATIVE DESCRIPTION AND REMARKS</b>						
25. HEAD 11180 - STDV				26. OTHER MARKS AND BRANDS		
27. LEFT FORELIMB				28. RIGHT FORELIMB		
29. LEFT HINDLIMB Coronet				30. RIGHT HINDLIMB Coronet		
<b>FOR LABORATORY USE ONLY</b>						
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.			32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
35. SIGNATURE OF TECHNICIAN (b)(6)			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).

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

SERIAL NO.

Q0679063

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACT 11/11/10 6/13/10

**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"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

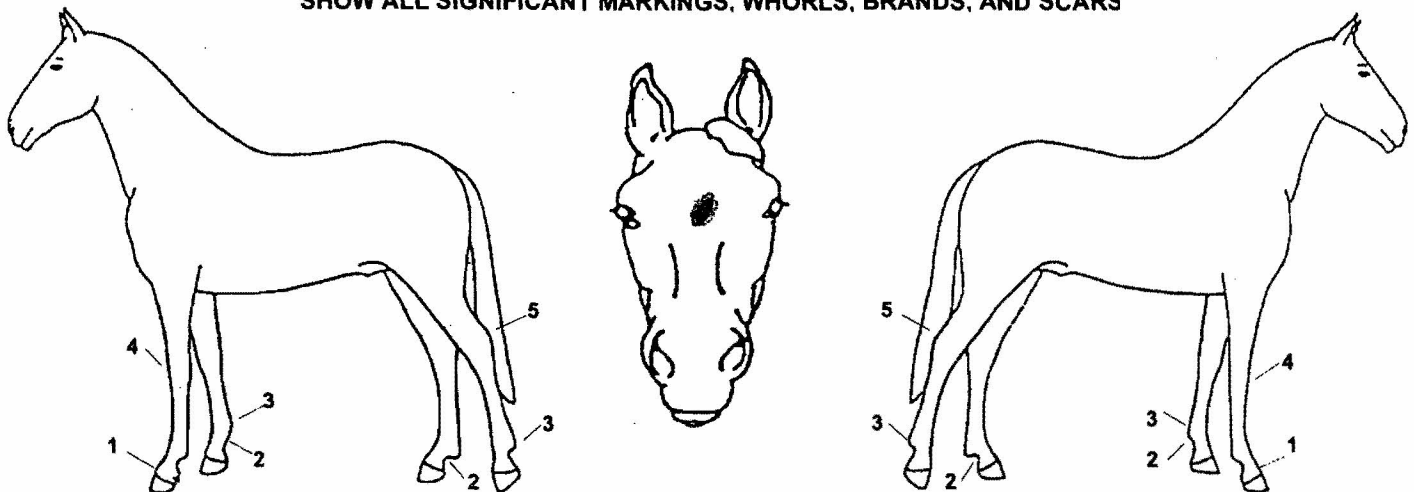
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo	20. Color Bay	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex G	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**


25. HEAD WAP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

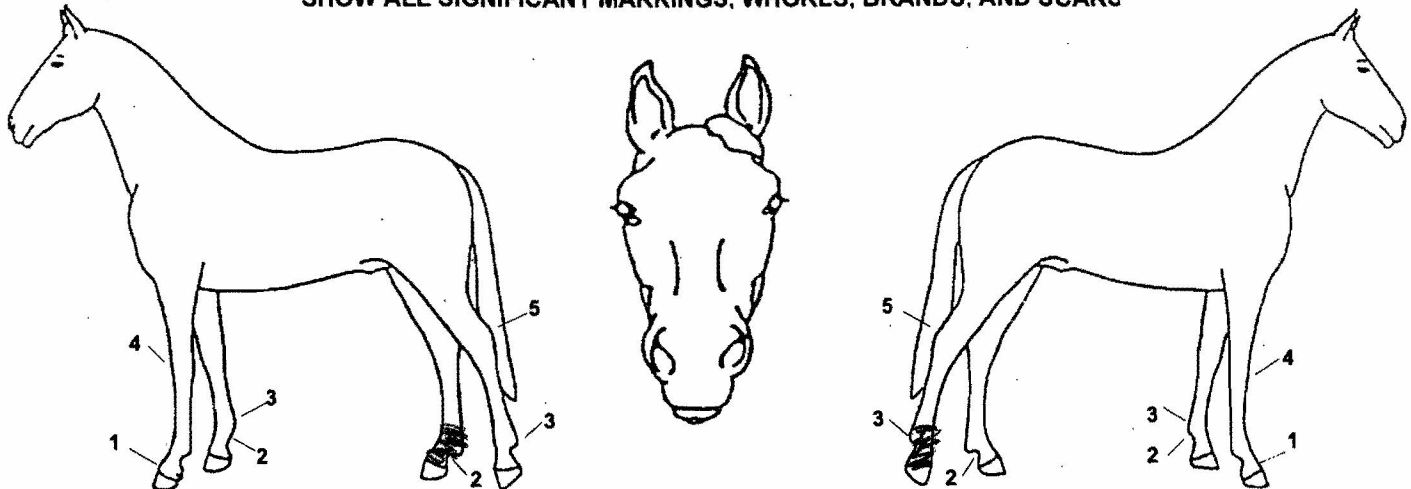
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)			SERIAL NO. <b>0679064</b>	1. ACCESSION NUMBER <b>11182</b>	2. DATE BLOOD DRAWN <b>6/13/10</b>
<b>Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.</b>					
3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  <div style="text-align: center;">N/A.</div> <div style="text-align: right;">Zip Code</div>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO.  <div style="text-align: center;">1167</div>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>6 S/W. LIVESTOCK AUCTION</b> <b>LOS LUNAS.</b> <div style="text-align: right;">Zip Code</div>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASHER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b> <div style="text-align: right;">Zip Code <b>87120</b></div>		
Tel No.    County <b>NM.</b>			Tel No. <b>(505) 610-4711</b> County <b>BERNARDINE</b>		
<b>CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN</b> 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 FEDERAL VETERINARIAN <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>			11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASHER DVM.</b>		12. SIGNATURE DATE <b>6/13/10</b>
<b>CERTIFICATION OF OWNER OR OWNER'S AGENT</b> 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.	Official Tag	18. Tattoo/Brand <div style="text-align: center;">985 170 000 653 421</div> 	20. Color <b>Bay</b>	21. Breed <b>Quarter horse</b>	22. Electronic I.D. No.
					23. Age or DOB <b>3</b>
					24. Sex <b>G</b>
					M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/13/10</b>	33. DATE REPORTED OUT <b>6/13/10</b>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>			35. 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).

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

SERIAL NO.

0679065

1. ACCESSION NUMBER

11183

2. DATE BLOOD  
DRAWN

6/12/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

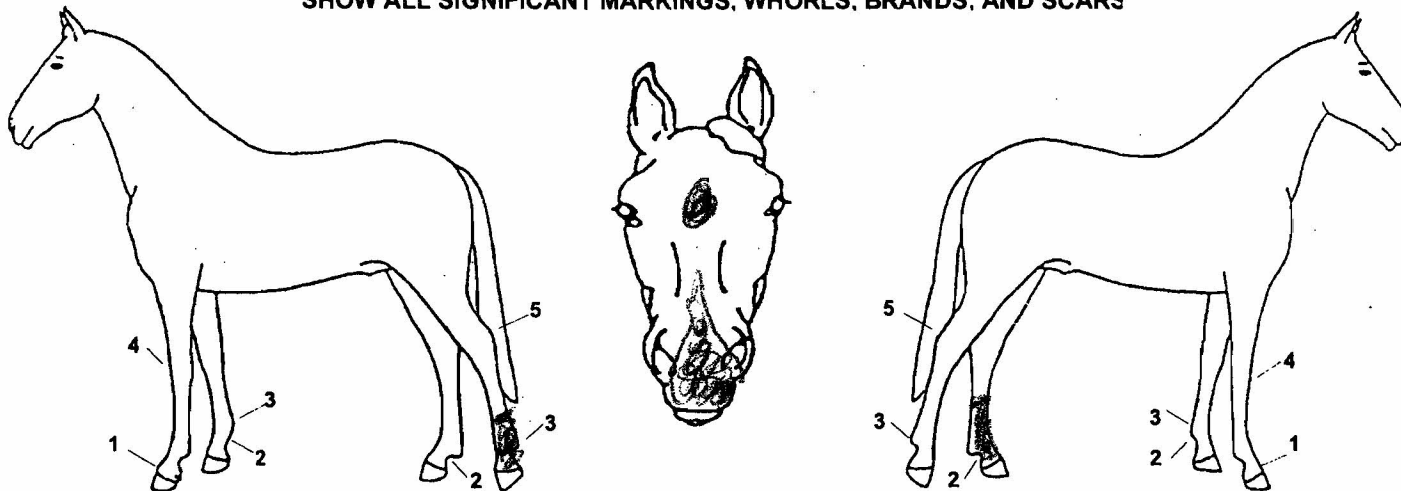
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/12/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985 170 000 654 842	Chestnut	Quarter Horse		3	B	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD 25212 - 5011	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB LOCK	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679066

1. ACCESSION NUMBER

ACL. 11184

2. DATE BLOOD

DRAWN

6/13/10

**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 ☒ Export

## 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:  
LONG:

## 5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

## 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)

DENNIS CHAVEZ

c S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERRAMELLO

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I 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. Official Tag 18. Tattoo/Br



20. Color

Bay

21. Breed

Quarter Horse

22. Electronic I.D. No.

23. Age or DOB

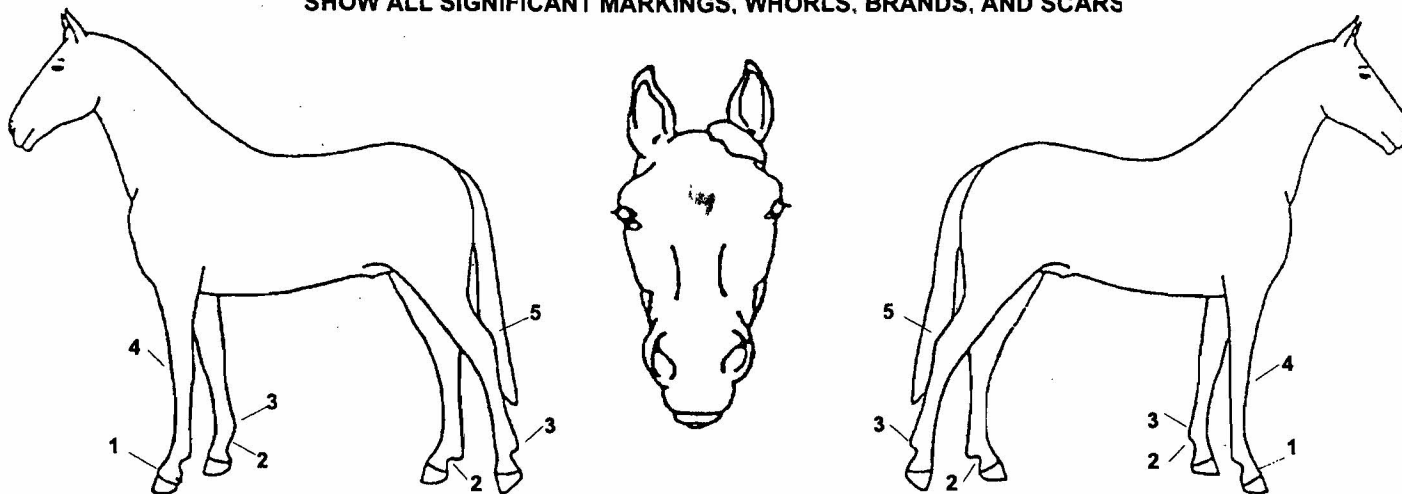
2

24. Sex

6

M - Male  
F - Female  
G - Gelding  
N - Neuter

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

Few white hairs

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

00679067

1. ACCESSION NUMBER

ACL. 11185

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASNER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNARDI

## 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 FEDERAL VETERINARIAN

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

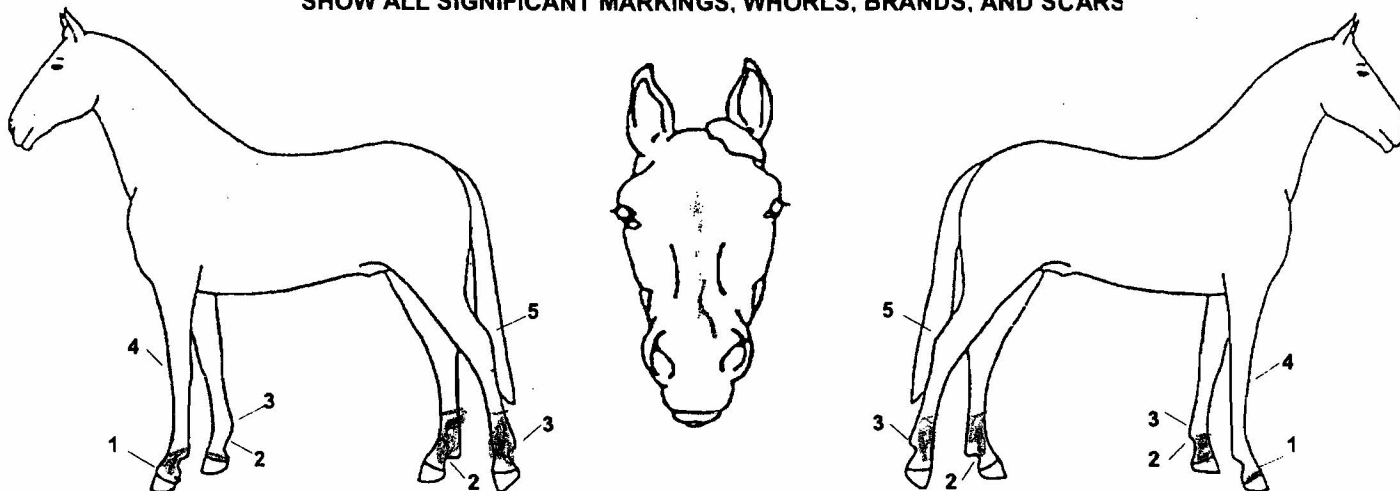
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Bra



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Sand	Quarter		5	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STAY, Snip

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

acc

## 28. RIGHT FORELIMB

learned

## 29. LEFT HINDLIMB

acc

## 30. RIGHT HINDLIMB

acc

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).



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

SERIAL NO.

0679068

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

AG 11186

6/13/10

**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"/> Market <input type="checkbox"/> Change of Ownership <input 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) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No.		Zip Code 87120	
County NM.		Tel No. (505) 610-4711	
		County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

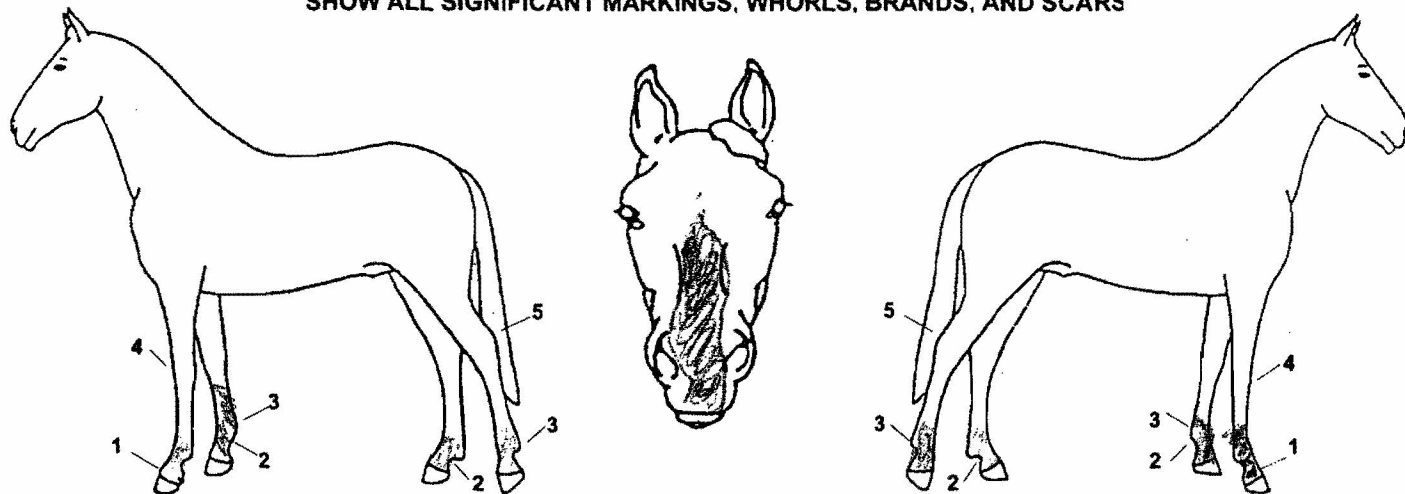
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
---	---	-------------------------------

**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.	Official Tag	18. Tattoo	20. Color Saddle	21. Breed horse	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex F	M - Male F - Female G - Gelding N - Neuter
985 170 000 657 315								

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD STAY - 2007	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Suck	28. RIGHT FORELIMB Suck
29. LEFT HINDLIMB Suck	30. RIGHT HINDLIMB Suck

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified initial 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).

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

SERIAL NO.

0679069

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ACI

11187

6/12/10

**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"/> Market <input type="checkbox"/> Change of Ownership <input 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)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ # S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County		Tel No. Zip Code County	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

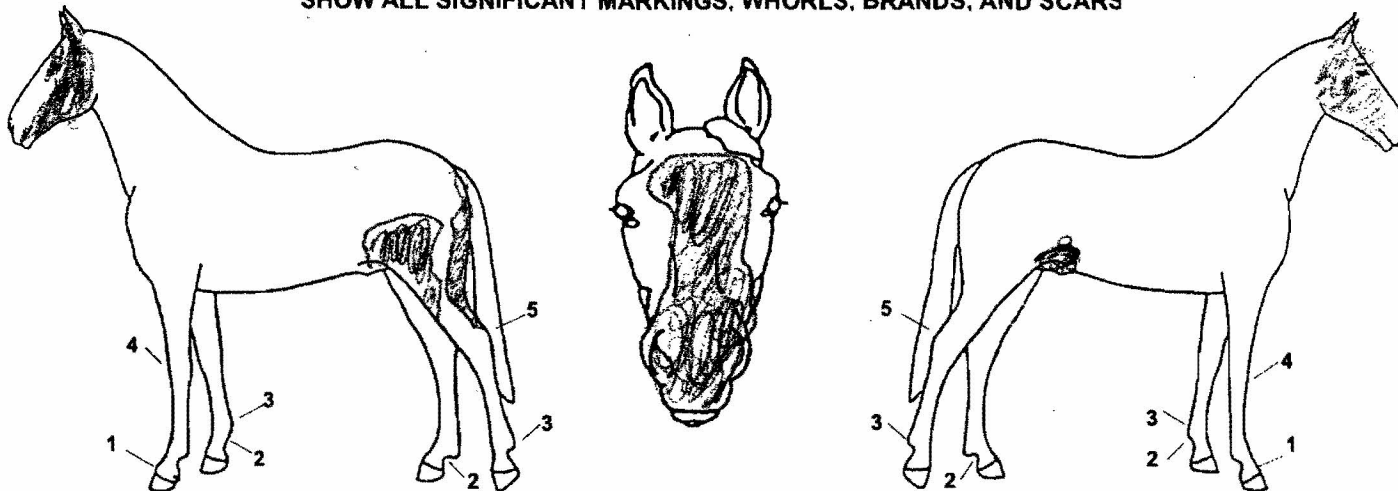
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 6/12/10
--	--	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	19. Barcode 985 170 000 657 345	20. Color Black white	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F
						M - Male F - Female G - Gelding N - Neuter		

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/12/10	33. DATE REPORTED OUT 6/12/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679070

1. ACCESSION NUMBER

ACL 11188

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO.  1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS, NM Tel No.    County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM Tel No. (505) 610-4711    County BERNALILLO		

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

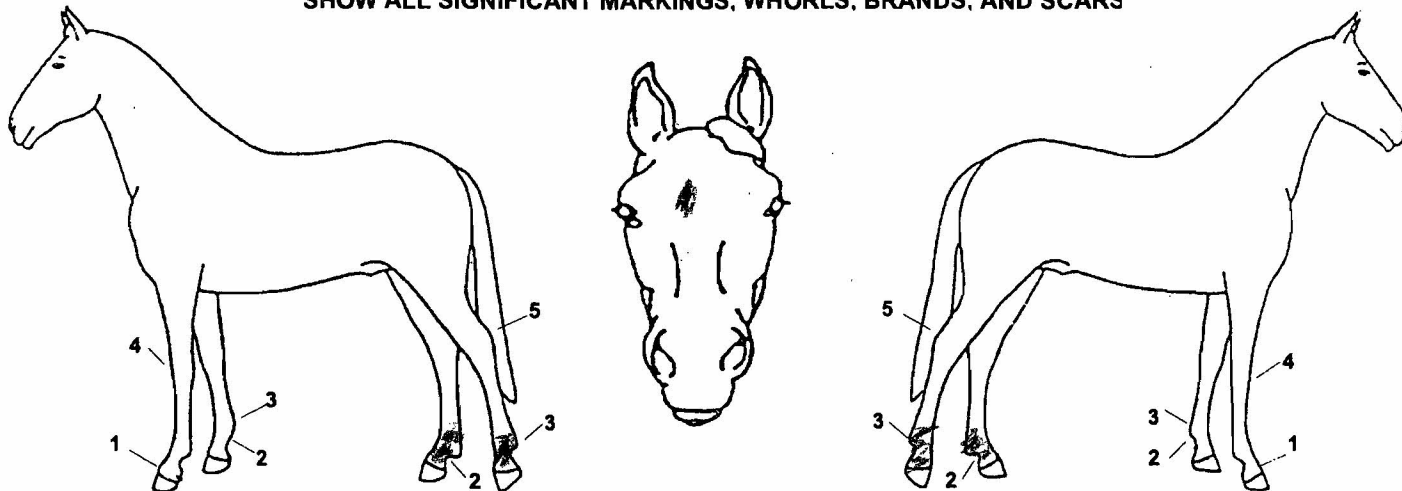
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo	19. Barcode 985 170 000 665 893		20. Color Bay	21. Breed Quarter horse	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex G	M - Male F - Female G - Gelding N - Neuter	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**

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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Solid	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Solid	30. RIGHT HINDLIMB Solid

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).

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

SERIAL NO.

00679071

1. ACCESSION NUMBER

ACL 11189

2. DATE BLOOD  
DRAWN

6/12/10

**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"/> Market <input type="checkbox"/> Change of Ownership <input 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) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

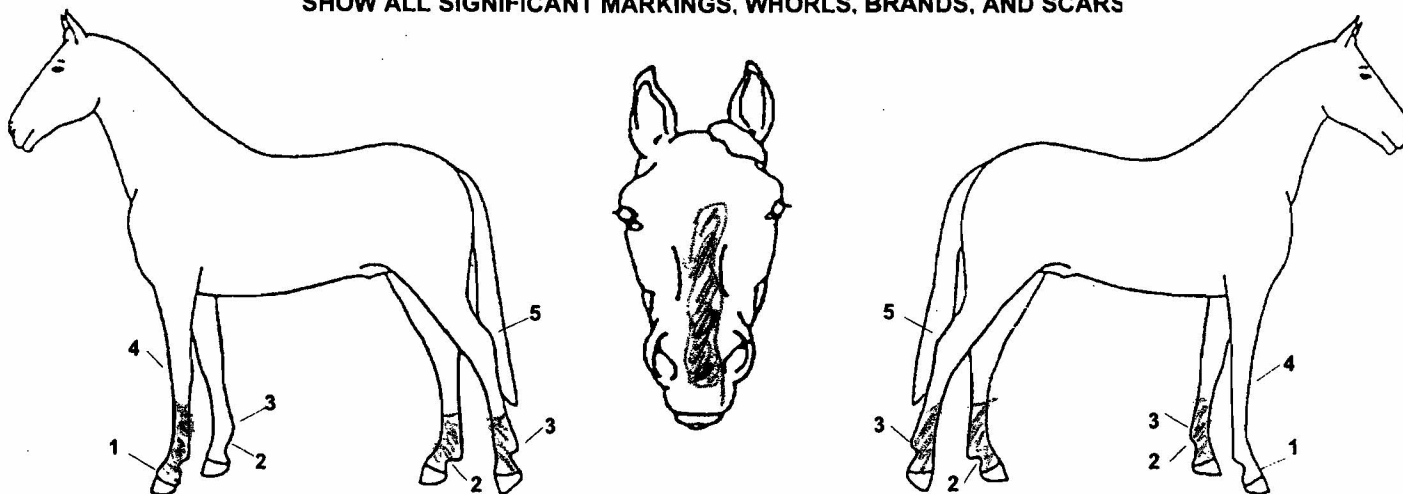
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
---	---	-------------------------------

**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.	Official Tag	18. Tattoo/f	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			985 170 000 657 571	Palomino horse		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 SNPP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB check	28. RIGHT FORELIMB
29. LEFT HINDLIMB check	30. RIGHT HINDLIMB check

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. 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).



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

SERIAL NO.

0679072

1. ACCESSION NUMBER

ACL 11190

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASNER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.	Official Tag	18. Tattoo/Brand



985 170 000 666 747

19.

20. Color

Bay

21. Breed

Quarter Horse

22. Electronic I.D. No.

23. Age or DOB

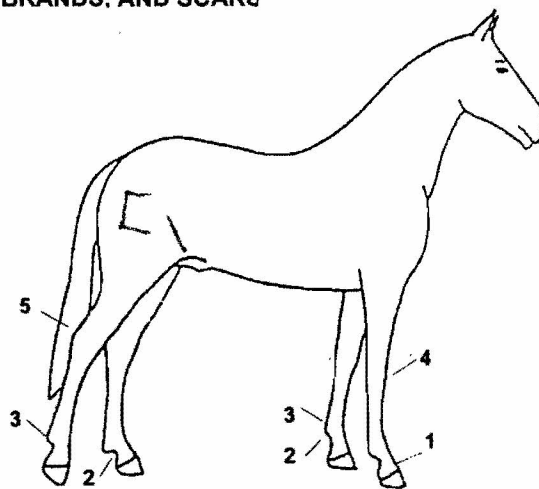
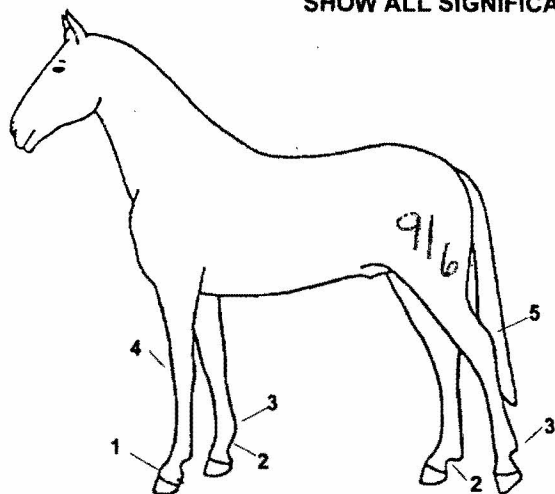
4

24. Sex

6

M - Male  
F - Female  
G - Gelding  
N - Neuter

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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

0679073

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. KRASMER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

BELLEVILLE

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. KRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tao 18.  
Tattoo/Brand



19.

985 170 000 656 284

20. Color

Buck  
skin

21. Breed

QH

22. Electronic  
I.D. No.23. Age or  
DOB

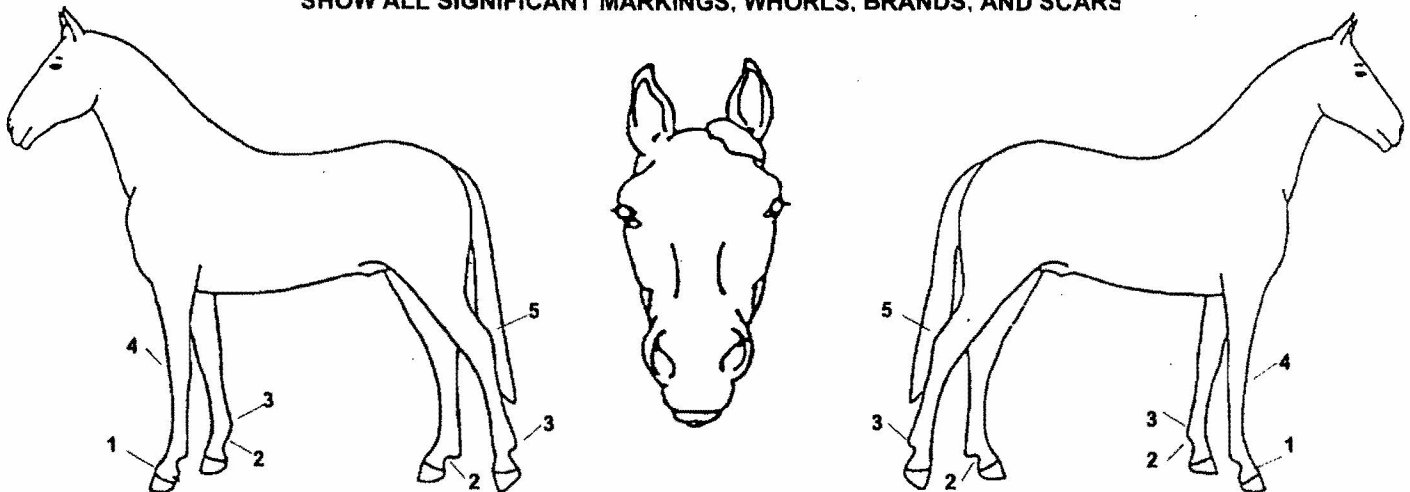
3

24. Sex

F

M - Male  
F - Female  
G - Gelding  
N - Neuter

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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).



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

SERIAL NO.

0679074

1. ACCESSION NUMBER

ACQ. 11192

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

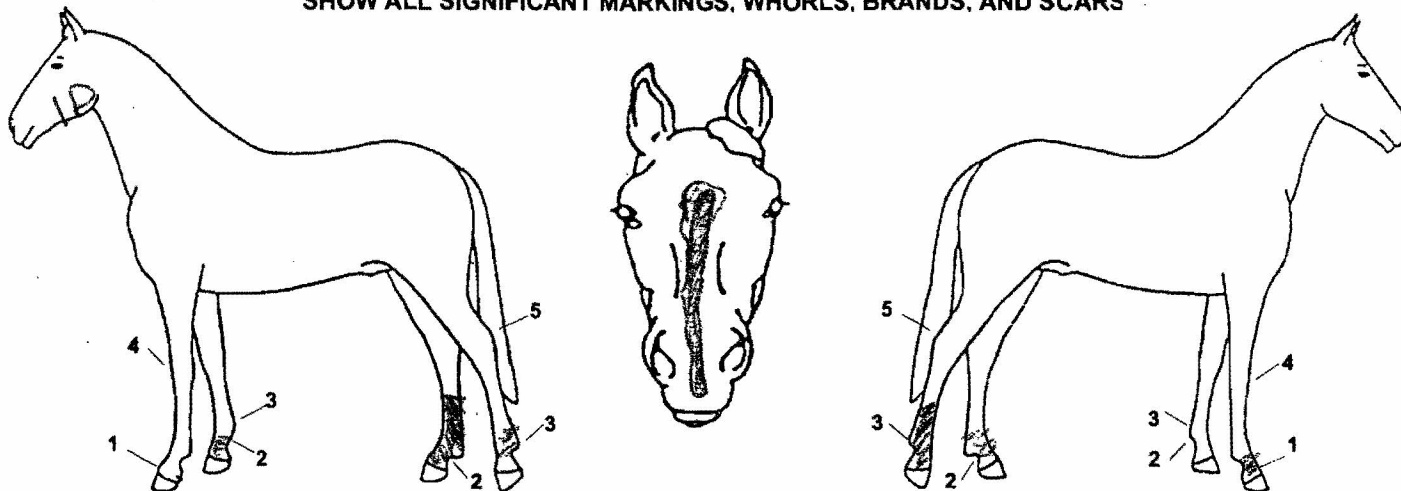
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/E	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985 170 000 666 111	Sorrel	Quarter horse		7	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 Crown white	26. OTHER MARKS AND BRANDS ID 9
27. LEFT FORELIMB	28. RIGHT FORELIMB Crown white
29. LEFT HINDLIMB Crown white	30. RIGHT HINDLIMB Crown white

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		35. 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).

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

SERIAL NO.

00679075

1. ACCESSION NUMBER

ACT 11193

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.  1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code  County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

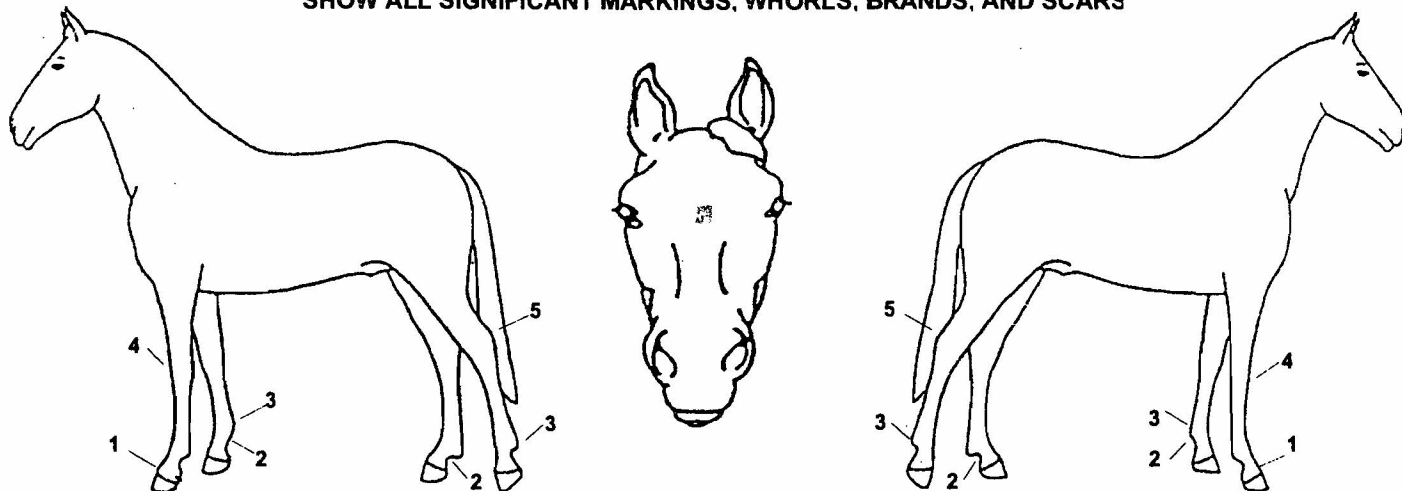
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		985 170 000 653 369	grey	Quarter Horse		3	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 STAY	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).



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

SERIAL NO.

00679076

1. ACCESSION NUMBER

ACL 11194

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☒ Export

☐ Show☐ First Test

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

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

N/A.

Zip Code

Tel No.

County

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

DENNIS CRAVEZ

c/o S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

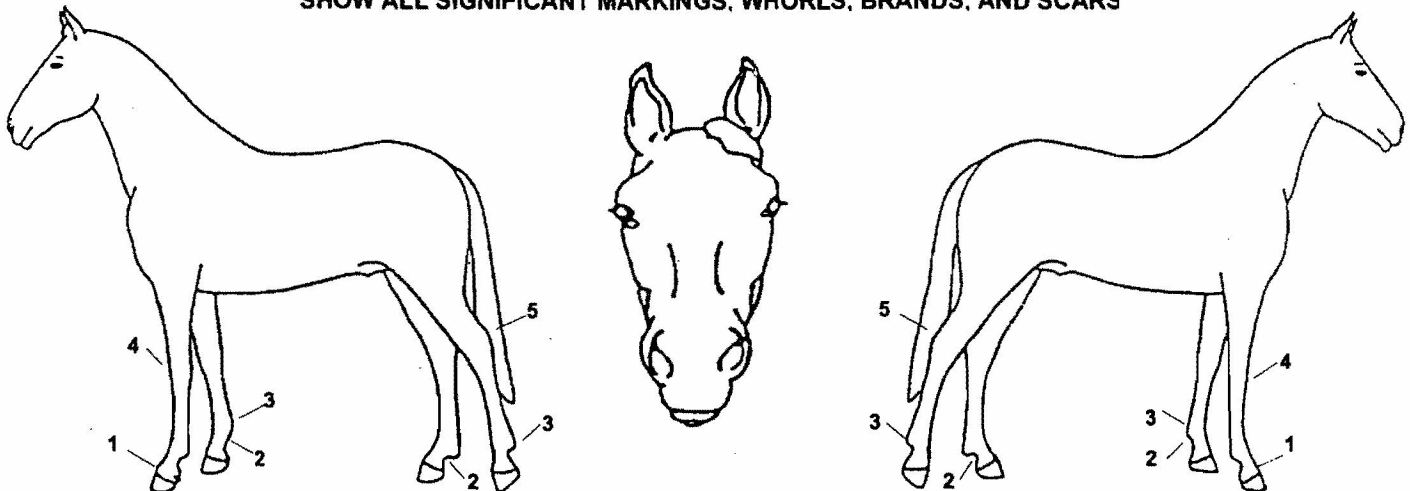
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Br



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
White	Quarter Horse		4	G	

## 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

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).

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

SERIAL NO.

0679077

1. ACCESSION NUMBER

2. DATE BLOOD

DRAWN

11195

6/13/10

**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 ☐ Export

## 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:  
LONG:

## 5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

Tel No.

County

NM

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

C.Y. BRASHER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNARDILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

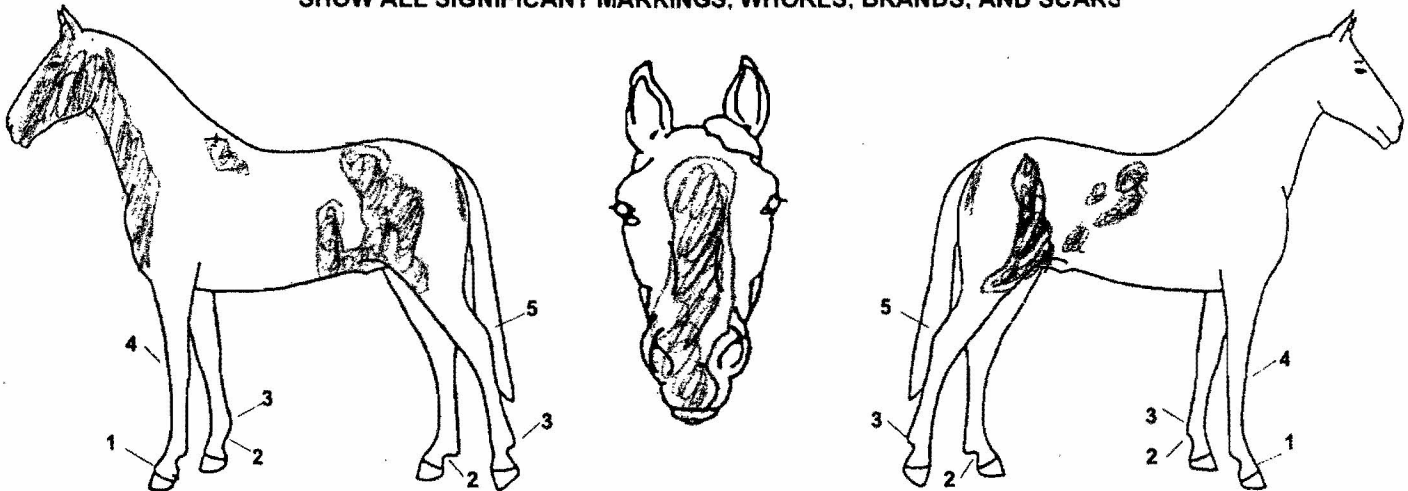
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Red White Paint			2	6	

## 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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).



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

SERIAL NO.

0679078

1. ACCESSION NUMBER

ACL 11196

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

**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.

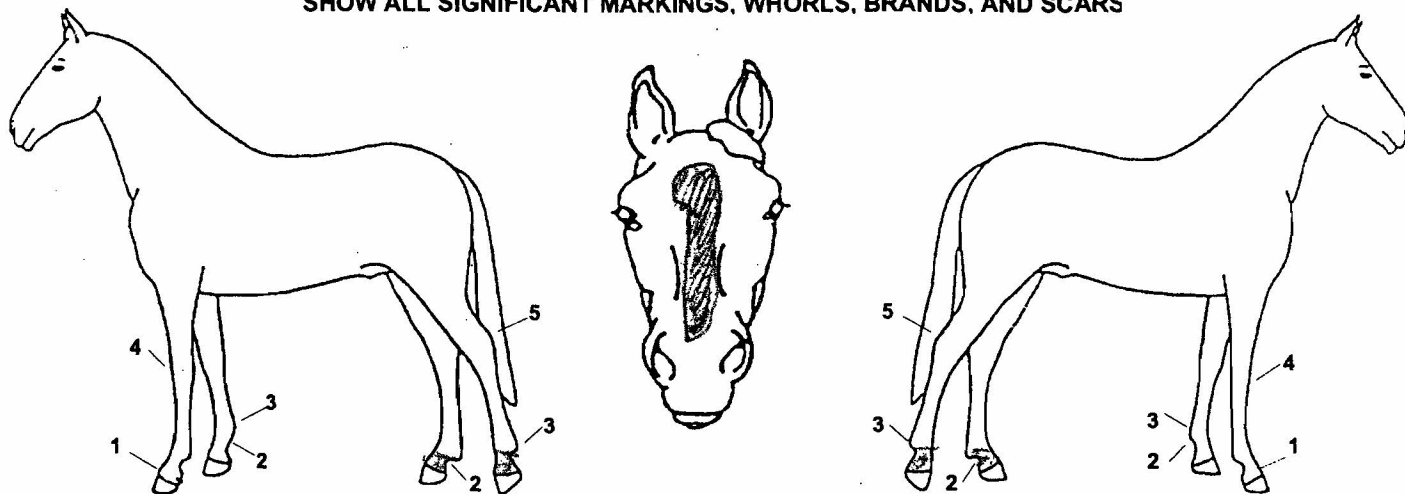
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
--	---	-------------------------------

**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.	Official Tao	18. Tattoo/B	19. Barcode 985 170 000 665 030	20. Color Solid Quarter Horse	21. Breed Horse	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex M
						M - Male F - Female G - Gelding N - Neuter		

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD Dark grey	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Dark	30. RIGHT HINDLIMB Coronet

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).

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

SERIAL NO.

Q0679079

1. ACCESSION NUMBER

ACI 11197

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W LIVESTOCK AUCTION

LOS UNAS

Zip Code

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

C.V. BRASMER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code

87126

Tel No. (505) 610-4711

County

BERNALILLO

## 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 FEDERAL (b)(6) VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.V. BRASMER DVM

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tag

18. Tattoo/Br



985 170 000 651 914

20. Color

21. Breed

22. Electronic  
I.D. No.23. Age or  
DOB

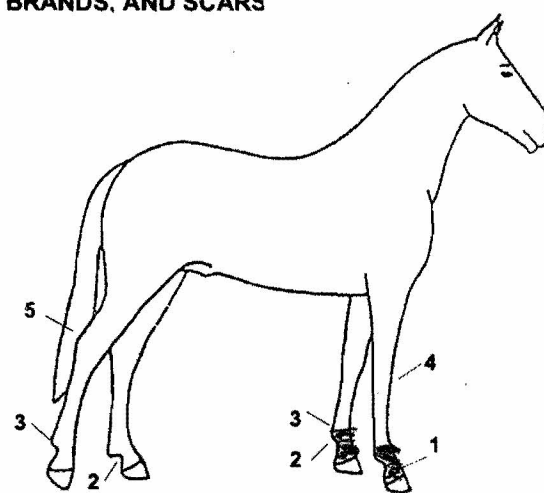
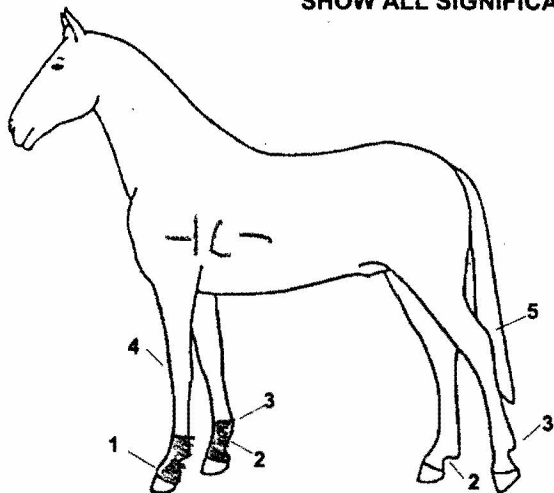
24. Sex

M - Male  
F - Female  
G - Gelding  
N - NeuterDark  
skin  
Quarter  
horse

3

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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).



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

SERIAL NO.

Q0679081

1. ACCESSION NUMBER

2. DATE BLOOD

DRAWN

**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☒ Export

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

## 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:  
LONG:

## 5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☐ EMSA☐ AGID

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W. LIVESTOCK AUCTION

LOS LUNAS.

Zip Code

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNAL

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.	Official Tag	18. Tattoo/Brand

## 19. Name of Horse

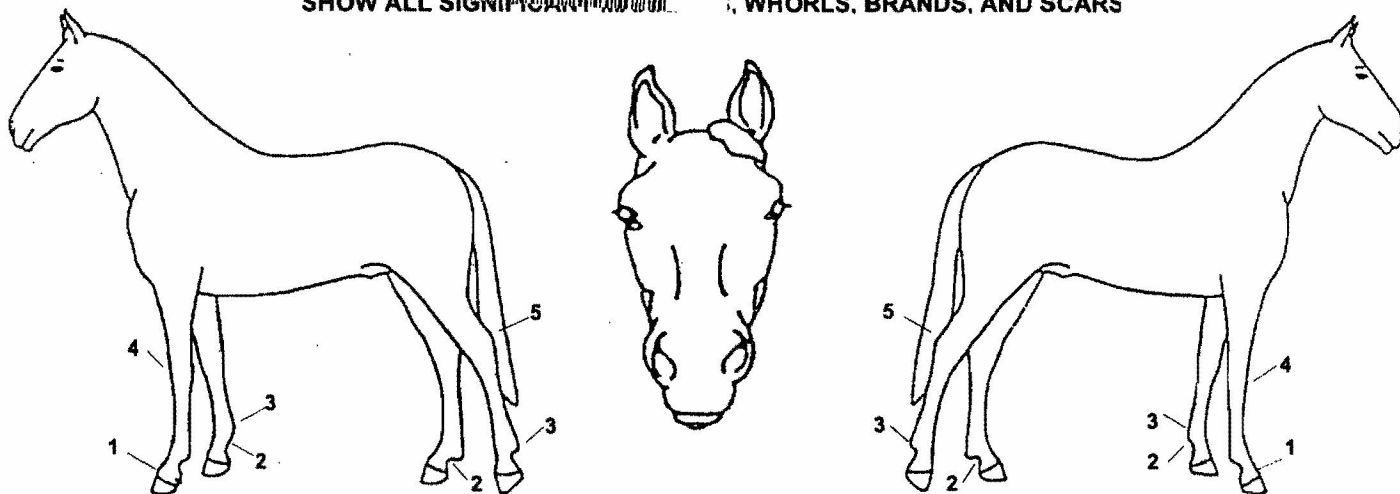
985 170 000 653 053



SHOW ALL SIGNIFICANT WHORLS, BRANDS, AND SCARS

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Chestnut	Quarter horse		3	6	

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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. SIGNATURE OF TECHNICIAN

## 35. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>Q0679080</b>	1. ACCESSION NUMBER <b>ACL 11148</b>	2. DATE BLOOD DRAWN <b>6/12/10</b>
	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"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <b>N/A.</b>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>1167</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code <b>87120</b>
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>DENNIS CHAVEZ</b> <b>@ S/W. LIVESTOCK AUCTION.</b> <b>LOS LUNAS.</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>C.Y. BRASMER DVM.</b> <b>5900 JONES PLACE NW.</b> <b>ALBUQUERQUE, NM.</b>	
Tel No. County <b>NM.</b>		Tel No. <b>(505) 610-4711</b> County <b>BERNALILLO</b>	

## 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.

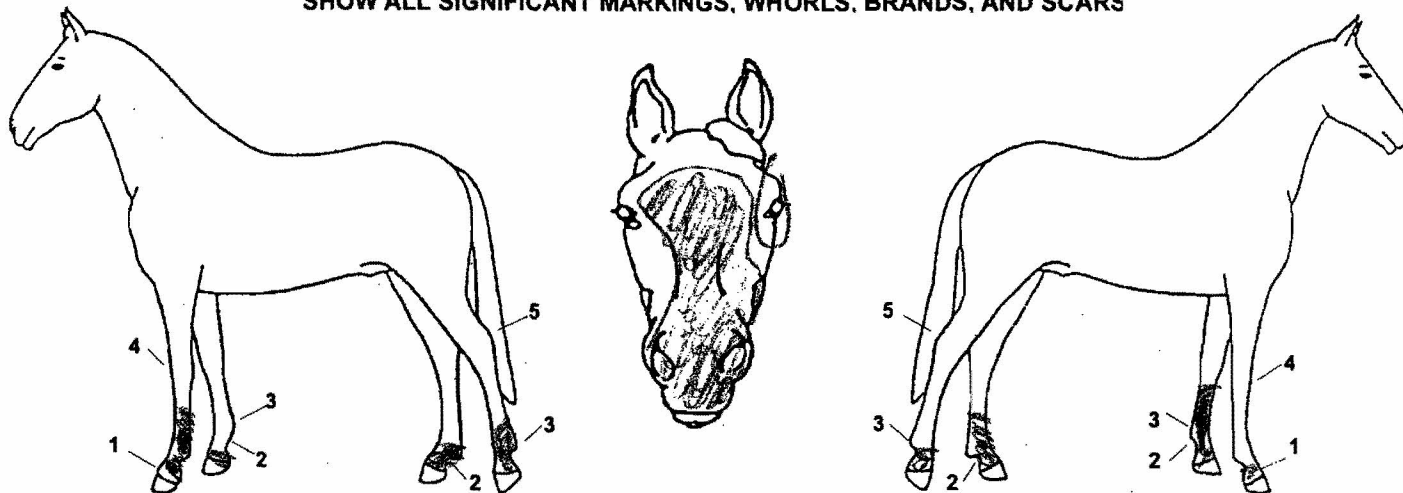
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <b>(b)(6)</b>	11. TYPE OR PRINT SIGNATURE NAME <b>C.Y. BRASMER DVM.</b>	12. SIGNATURE DATE <b>6/12/10</b>
---	--	--------------------------------------

## 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.	Official Tag	18. Tattoo/Bra	19. Barcode <b>985 170 000 635 684</b>	20. Color <b>Silver</b>	21. Breed <b>Quarter Horse</b>	22. Electronic I.D. No.	23. Age or DOB <b>4</b>	24. Sex <b>G</b>	M - Male F - Female G - Gelding N - Neuter

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <b>None</b>	26. OTHER MARKS AND BRANDS <b>Left Blue Eye</b>
27. LEFT FORELIMB <b>Good</b>	28. RIGHT FORELIMB <b>Good</b>
29. LEFT HINDLIMB <b>Good</b>	30. RIGHT HINDLIMB <b>Good</b>

## FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <b>ALBUQUERQUE COGGINS LAB.</b> <b>ALBUQUERQUE, NM.</b>	32. DATE RECEIVED <b>6/12/10</b>	33. DATE REPORTED OUT <b>6/12/10</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 <b>(b)(6)</b>		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).



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

SERIAL NO.

00679082

1. ACCESSION NUMBER

ACI 11200

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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

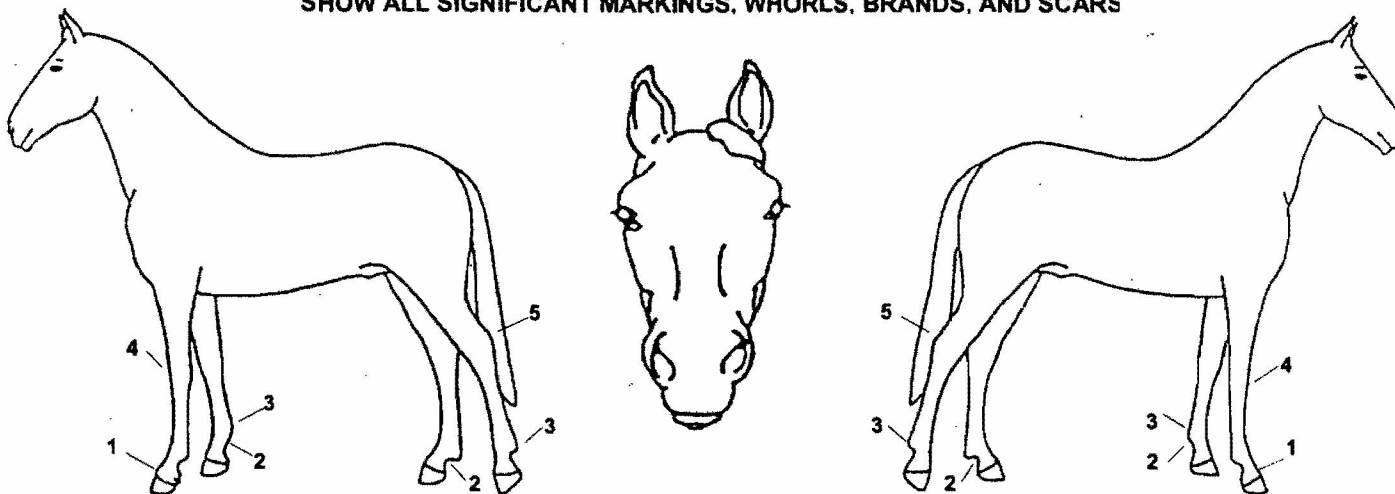
## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/B



20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Red			4	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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

Q0679083

1. ACCESSION NUMBER

2. DATE BLOOD  
DRAWN

ASL

11201

6/13/10

**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 ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c/o S/W LIVESTOCK AUCTION

LOS LINAS

Zip Code

Tel No.

County

NM.

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

C.Y. BRASHER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87126

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official  
Tube No. Tag

18. Tattoo

19.



985 170 000 665 872

20. Color

21. Breed

22. Electronic  
I.D. No.23. Age or  
DOB

24. Sex

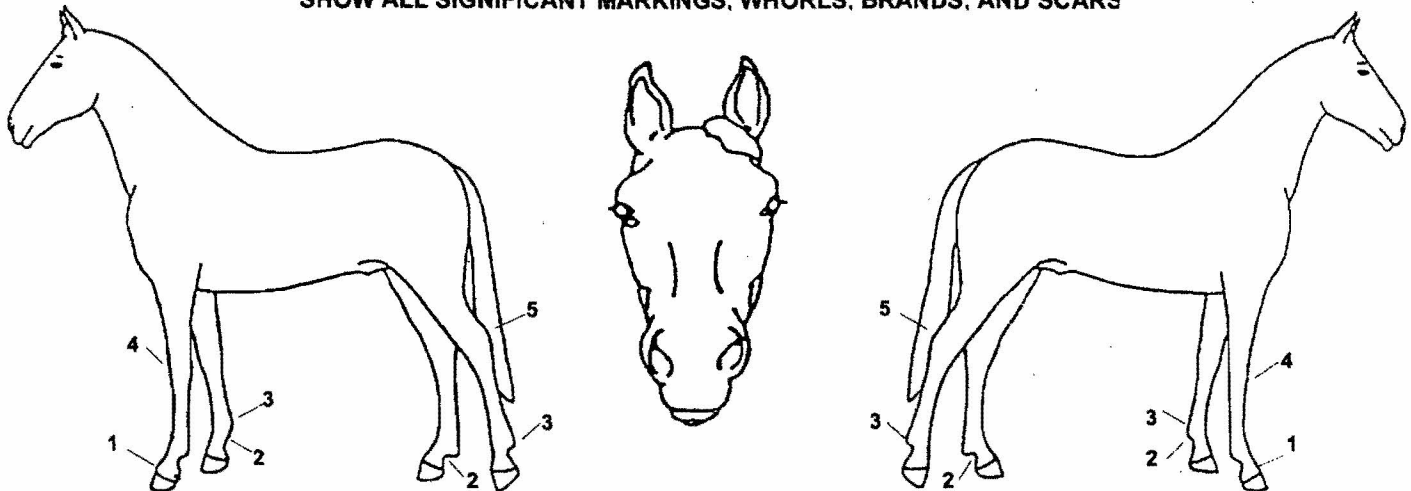
M - Male  
F - Female  
G - Gelding  
N - Neuter

Black  
skin  
Quarter horse

5

M

**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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).



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

SERIAL NO.

0679084

1. ACCESSION NUMBER

ACT 11202

2. DATE BLOOD  
DRAWN

6/13/10

**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.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

@ S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87100

Tel No.

(505) 610-4711

County

BERNARDINO

## 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

(b)(6)

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.

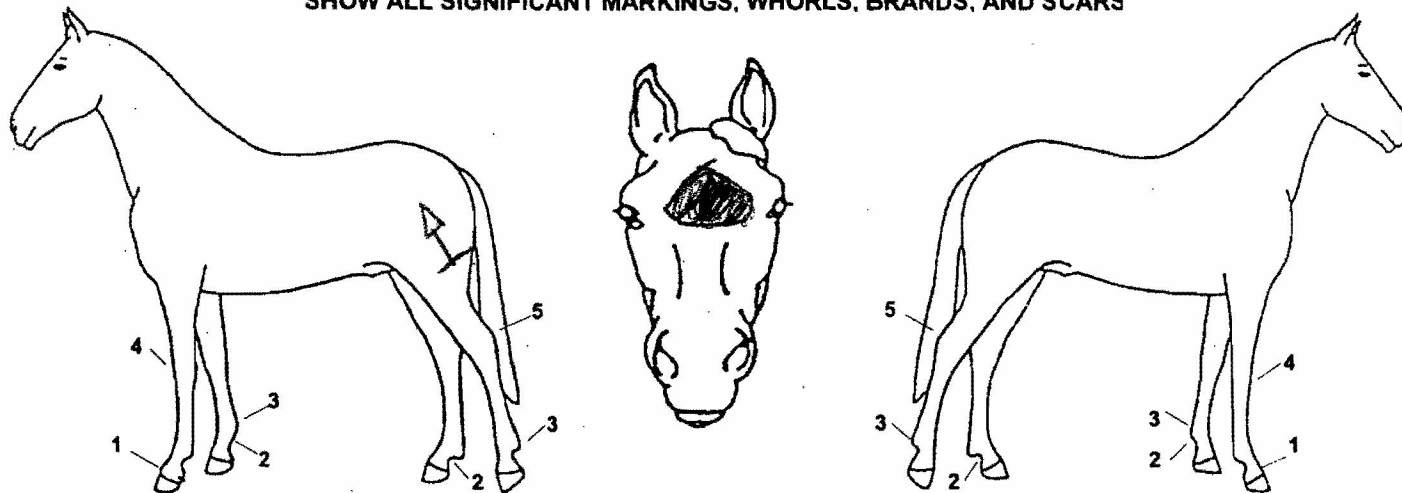
## 13. SIGNATURE OF OWNER OR OWNER'S AGENT

## 14. TYPE OR PRINT SIGNATURE NAME

## 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Barcode 985 170 000 654 022	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				gray	Quarter Horse		3	6	

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STUT

## 26. OTHER MARKS AND BRANDS

4/LH

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☒ ELISA

## 35. SIGNATURE OF TECHNICIAN

(b)(6)

## 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).

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

SERIAL NO.

Q0679085

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

11203

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No.		Zip Code 87106	
County NM.		Tel No. (505) 610-4711	
		County BERNALILLO	

**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.

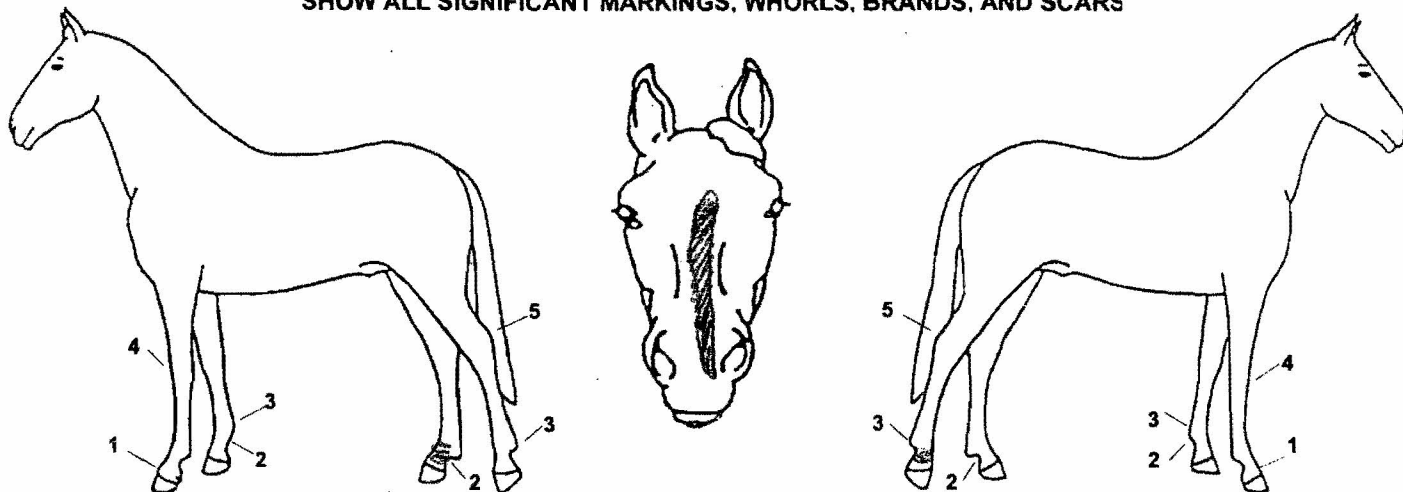
10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
---	---	-------------------------------

**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.	Official Tag	19. Barcode 985 170 000 656 300	20. Color Saddle horse	21. Breed Saddle horse	22. Electronic I.D. No.
			23. Age or DOB 4	24. Sex 6	M - Male F - Female G - Gelding N - Neuter

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD SHIPP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB coronet

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. 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).



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

SERIAL NO.

0679086

1. ACCESSION NUMBER

ACL 11204

2. DATE BLOOD  
DRAWN

6/13/10

**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"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.		
Tel No.			County NM.		Zip Code
Tel No.			County BERNALILLO		Zip Code 87120

**CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN**

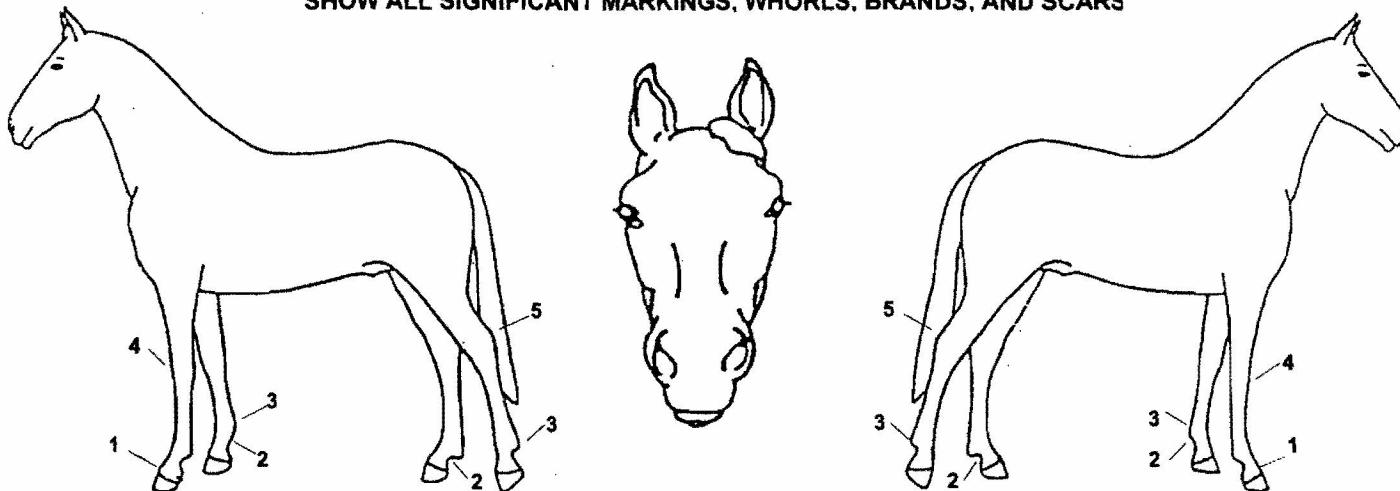
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 6/13/10
---	---	-------------------------------

**CERTIFICATION OF OWNER OR OWNER'S AGENT**

I certify I completed 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.	Official Tag	Tail	20. Color Bay	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex G	M - Male F - Female G - Gelding N - Neuter

**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

**FOR LABORATORY USE ONLY**

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 6/13/10	33. DATE REPORTED OUT 6/13/10	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 (b)(6)		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).

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

SERIAL NO.

00679087

1. ACCESSION NUMBER

2. DATE BLOOD

DRAWN

**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 ☒ Export

## 4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:  
LONG:

## 5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA  
☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ  
@ S/W. LIVESTOCK AUCTION.  
LOS LUNAS.

Zip Code

Tel No.

County

NM.

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

C.Y. BRASMER DVM.  
5900 JONES PLACE NW.  
ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

## 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

(b)(6)

VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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. Official Tag 1. Tattoo



985 170 000 652 689

20. Color

21. Breed

22. Electronic I.D. No.

23. Age or DOB

24. Sex

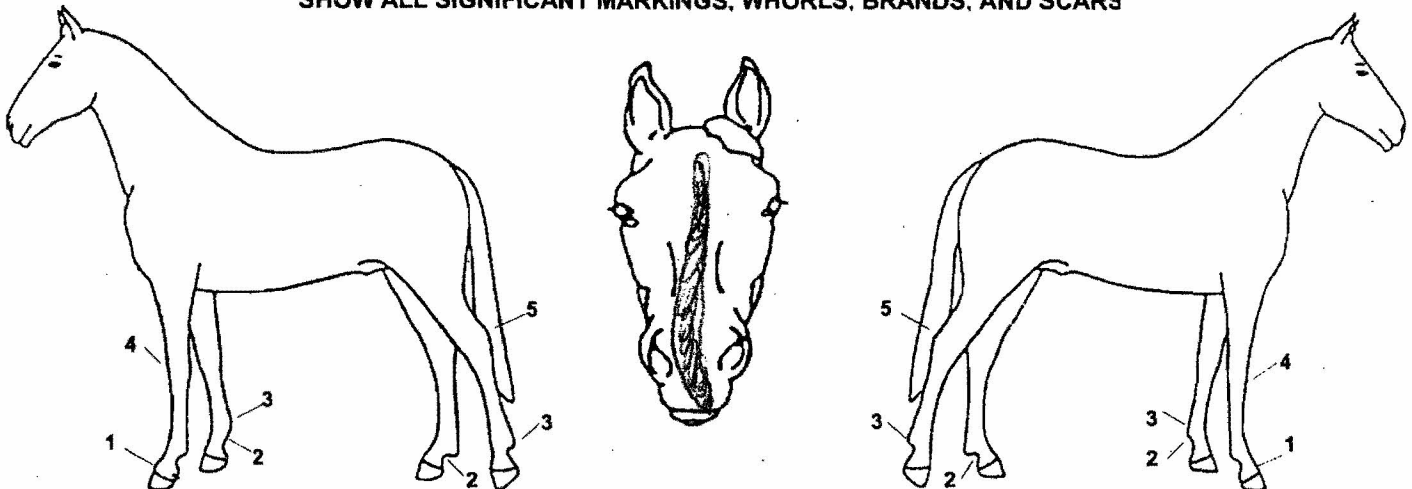
M - Male  
F - Female  
G - Gelding  
N - Neuter

Black Quarter Horse

3

6

## SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

## NARRATIVE DESCRIPTION AND REMARKS

## 25. HEAD

STUR. SNIP. SNIP

## 26. OTHER MARKS AND BRANDS

## 27. LEFT FORELIMB

## 28. RIGHT FORELIMB

## 29. LEFT HINDLIMB

## 30. RIGHT HINDLIMB

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 35. SIGNATURE OF VETERINARIAN

(b)(6)

## 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).



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

SERIAL NO.

0679088

1. ACCESSION NUMBER

ACE 11206

2. DATE BLOOD  
DRAWN

6/13/10

**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 ☐ Retest ☐ Show ☐ First Test ☒ Export

4. GEOGRAPHIC INFORMATION  
SYSTEMS (GIS)LAT:  
LONG:5. VETERINARY LICENSE  
OR ACCREDITATION NO.

1167

## 6. TEST TYPE

☒ ELISA☐ AGID

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

N/A.

Zip Code

Tel No.

County

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

DENNIS CHAVEZ

c S/W. LIVESTOCK AUCTION.

LOS LUNAS.

Zip Code

Tel No.

County

NM

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

C.Y. KRASMER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No.

(505) 610-4711

County

BETHANY

## 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 FEDERAL (b)(6) VETERINARIAN

## 11. TYPE OR PRINT SIGNATURE NAME

C.Y. KRASMER DVM.

## 12. SIGNATURE DATE

6/13/10

## 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.Official  
Tag18  
Tattoo/

985 170 000 653 603

20. Color

21. Breed

22. Electronic  
I.D. No.23. Age or  
DOB

24. Sex

M - Male  
F - Female  
G - Gelding  
N - Neuter

20. Color

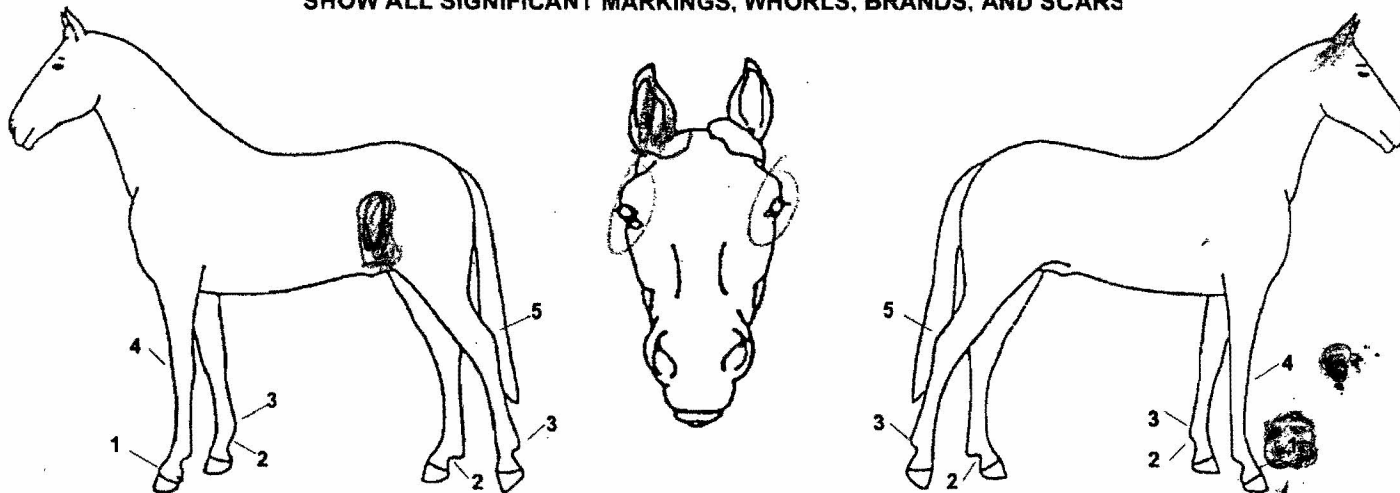
21. Breed

22. Electronic  
I.D. No.23. Age or  
DOB

24. Sex

M - Male  
F - Female  
G - Gelding  
N - Neuter

## 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

## FOR LABORATORY USE ONLY

## 31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.  
ALBUQUERQUE, NM.

## 32. DATE RECEIVED

6/13/10

## 33. DATE REPORTED OUT

6/13/10

## 34. TEST RESULTS

☒ Negative ☐ Positive ☐ AGID ☐ ELISA

## 36. SIGNATURE OF TECHNICIAN

(b)(6)

## 35. 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).