



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

N.

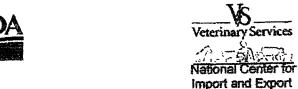
 Name and Address of Exporter: Nombre y Dirección del Exportador:

Dennis Chavez 24 Dallies Rd. Los Lunas, NM 87031

2. Name and Address of Importer: Nombre y Dirección del Importador:

Orozco Importaciones de RL de CV Rio Nilo #4135 Local 5, Cordova-Américas Cd. Juarez, Chih. MX 32310

	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
98	5170000306845	Gelding	Paint	60 mo.	brown/white paint	work	NM
		Gelding	Quarterhors	e 96mo.	Brown	work	NM ~
98	5170000346762	Female	Quarterhors		sorrel,strip 4 socks,spots	work	NM
	35170000312929		Quarterhors		on belly black, star r/h sock	work	NM
	851 <u>7000037377</u> 8		Quarterhors	e 48mo.	Bay,strip 2 hind socks	work	NM.
	85170000335830		Quarterhors	96mo.	Dapple gray	work	NM
	85170000334263		Quarterhor	se 24mo.	Sorrel,strip 2 hind socks	work	NM ·



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Cd. Juarez, Chih. MX 32310

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985170000333199	female (uarerhorse	36mo.	Dun,strip	work	NM
985170000332428	Male	Quarterhors	e 84mo.	Sorrel,strip -N 1/s Y 1/h	snip work	NM
985170000366908		Paint	36то.	Paint	work	NM
985170000312570	Female	Quarterhors	е Збто.	Bay,star 1/h sock	work	NM
985170000332868		Quarterhors	e 60mo.	gray, snip 2 hind socks	work	NM
985170000312791		Paint	84mo.	Brown/white paint	work	NM
985170000370204		Quarterhor	se 60mo.	red roan,stri lf,rf,rh sock		NM





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98	5170000347847	Female	Quarterhors	e 36mo.	Dun,strip 4 socks	work	NM
	5170000366530	Male	paint	48mo.	brown/white paint,blue e	yes work	NM
	5170000311051	Gelding	Quarterhors	e 36mo.	chestnut star	work	NM
	5170000373328		Appaloosa	84mo.	Leopard App	work	NM
	35170000474736			se 48mo.	Black 1/h sock	work	MK
	35170000382344				Leopard App	work	NM
	35170000357787		Paint	72mo.	black/white paint	work	NM





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	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
98	5170000376997	Gelding	Paint.	48mo.	brown/white paint	work	NM
98	5170000516765	Female	Quarterhors	e 96mo.	brown 2 hind socks	work	NM
98	5170000513621	gelding	Paint	120mo.	brown/white paint -N1/s	work	NM
98	5170000473274	Female	Quarterhors	e 36mo.	บ ¹ 6 1/h gray,star	work	NM
98	5170000312938	Female	Quarterhors	e 48mo.	Bay	work	NM
	k5170000339022		Quarterhors		Sorrel strip	work	NM
-	85170000342989		Paint	48mo.	brown/white Paint	work	NM





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Los Lunas, NM 87031

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والمراح والمستحدة والمراحة والمستحددة والمراح والمراح والمراح والمراح والمراح والمحدود	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
98	5170000370360	Gelding	Quarterhors	e 84mo.	Dapple gray	work	NM ·
98	5170000365591	Gelding	Paint	48mo.	Palomino Paint	work	NM
	5170000371214		Quarterhors	е 36то.	sorrel,blaze r/f sock	work	NM
98	5170000372765	Gelding	Quarterhors	e 84mo.	gray,snip	work	NM
	5170000333714		Paint	48mo.	red/white paint	work	NM
	35170000339100		Quarterhors	132mo.	Bay,strip r/h sock	work	NM
	35170000349361		5.55. 27 17 SPS.2505 VIII. 184111	estre situationes. Inches summer in all per	Palomino,star / j2 1/s	work	NM

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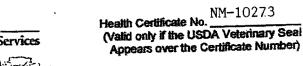
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98	5170000331544	Female	Quarterhors		Bay,strip 1/f 1/h,r/h sock	s work	NM
98	35170000516794	Gelding	Quarterhors	e 48mo.	Sorrel,strip 4 socks	work	NM
	35170000517593		Quarterhors	48mo.	Dun, star	work	NM
9	85170000349252	Female	Quarterhors	60mo.	Gray,snip	work	NM
	85170000313353		Quarterhors	2 36mo.	Gray, \$ 1/h	work	NM -
	85170000370133		Quarterhors	e 120mo.	Black, strip 4 socks	work	NM
	851 <i>7</i> 0000369649				Buckskin,star	work	NM







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98	35170000312364	Female	Quarterhors	e 96mo.	Black, r/h sock	work	NM
	35170000329388		Paint	84mo.	Brown/white Paint	work	NM
	35170000313636		Paint	36mo.	Brown/white Paint	work	NM
9	85 <u>170000367767</u>	Gelding	Quarterhor	se 36mo.	Grulla	work	NM
9	85170000312476	Gelding	Quarterhor	se 48m0.	Вау	work	NM
9	85170000352881	Gelding	Quarterhor	se 48mo.	Sorrel,star 1/h sock	work	NM
	85170000333154			e 48mo.	Bay,1/h sock	work	NM





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98	5170000369531	Gelding	Quarterhors	е 36то.	Sorrel,strip snip,2 hind s		NM
	5170000333358		Quarterhors		Roan,strip 4 socks	work	'NM
	35170000344383		Quarterhors	1	Bay,star r/h sock	work	NM
	35170000333472		Paint	48mo.	Bay Paint	work	NM
	35170000368540			72mo.	Black/white Paint	work	NM
	85170000347035			se 60mo.	Blue roan,sta 1/f r/f r/hsc	r ck work	NM
	85170000368677		Quarterhors	e 24mo.	M1/h Buckskin,star snip,1/h sock		NM

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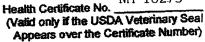
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98	5170000336051	Gelding	Quarterhors	e 72mo.	Dun,star (G) 1/h	work	NM .
98	5170000345160	Gelding	Quarterhors	e 36mo.	Chestnut,sta snip,1/hr/hs		NM
l	5170000313470		Quarterhors	e 72mo.	Gray,snip 1/h sock	work	NM
98	5170000364162	Gelding	Appaloosa	60mo.	Gray,1/f 1/h r/f coronet	work	NM
	35170000372323		Quarterhors	e 36mo.	gray,strip	work	- NM
	35170000328687		Quarterhors	e 24mo.	Bay,star,sni r/h sock	p work	NM
	35170000341330		Paint	60mo.	Black/white Paint	work	V. NM







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98	5170000348343	Female	Quarterhors	e 60mo.		work	NM
981	5170000368204	Gelding	Ouarterhors	sè 108mo.	Sorrel,strip 1/h sock	work	NM
98.	5170000366832	Female	Ouarterhors	se 60mo.	Black,1/h soc	k work_	NM
98.	5170000352143	Gelding	Quarterhors	e 24mo	Bay, strip	work	NM ^T
98.	5170000367986	Gelding	Quarterhor	se 36mo.	Sorrel	work	NM M
98	5170000306269	Female	Ouarterhor	se 36mo.	Sorrell,strip 4 socks	work	NM
98	5170000306043	Gelding	Quarterhor	se 36mo.	Gray,r/fr/h 1/h socks	work	NM .





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98	5170000368296	Gelding	Quarterhors	e 84 mo.	Bay, strip 1/f 1/h r/h	work	NM .
9	85170000345161	Gelding	Quarterhor	se 72mo.	socks Bay,star, 2 hind socks	work	NM
9	85170000346415	Female	Quarterhor	se 96mo.	Brown,star 1/h r/f r/h	work	NM
9	85170000345314	Female	Paint	24mo.	Socks brown/white Paint 10 1/j	work	NM
9	85170000333360	Male	Quarterhor	se 36mo.	xx 1/h blue e sorrel,strip	yes work	ŊM
-	85170000346480		Quarterhors	e 84mo.	Cremello, 2 blue eyes	work	NM ·
	85170000367637			120mo.	gray, star 2 hind corone	ts work	NM





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98	5170000332963	Gelding	Ouarterhors	e 84mo.	Red Roan stri 1/h sock	p work	NM
98	5170000345746	Gelding	Quarterhor	se 120mo	Sorrel,blaze 4 socks	work	NM
98	5170000344865				Red Roan star 4 socks	work	NM
	5170000367533		Ouarterhor		Red Roan star 1/f sock	work	NM
98	5170000368046	Gelding	Quarterhor	se 48mo.	Sorrel strip 1/h r/f sock	work	ŃМ
98	5170000368518	Gelding	Paint	60mo.	gray/white paint left bl	ue work	NM
98	5170000367913	Gelding	<u>Ouarterhors</u>	e 72mo.	Bay	work	NM





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98	5170000343357	Gelding	Quarterhors	e 144mo.	Roan strip 2 hind socks	work	NM .
98	5170000336494	Female	Quareterhor	se 48mo.	Bay star	work	NM
98	5170000331834	Gelding	Quarterhors	e 36mo.	Gray	work	NM
9	35170000345464	Female	Ouarterhors	е 36то.	Roan strip 2 hind socks	work	NM
9	35170000374584	Gelding	Paint	48mo.	brown/white Paint	work	NM
	35170000352758			se 72mo.	Buckskin stri 4 socks	p work	NM
	35170000345065				Buckskin sta 4 socks	r work	NM .





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985170000666676	Gelding	Paint.	48mo.	brown/white Paint To r/s	work	NM
985170000665986	Gelding	AppaloosaX	48mo.	Appaloosa/ paint	work	NM
985170000666250	Female	Quarterhors	e 96mo.	Bay white marks nose	work	NM
985170000665971	Female	Paint	48mo.	Roan paint 9X 1/h 11 1/	work	NM
985170000656794	Gelding	Quarterhors	e 48mo.	Roan star N26 1/h T		NM
985170000652296	Gelding	Quarterhors	e 48mo.	Sorrell star		NM
985170000656455	Gelding	Quarterhors	se 48mo	Palomino stri 1/f l/h r/f s		NM

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Cd Lucros Chib MY 32310

Cd. Juarez, Chih. MX 32310

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
985170000655398	Female_	Quarterhors	e 24mo.	Roan star snip 2 hind	socks work	NM
985170000636560		Quarterhors	e 72mo.	Bay	Work	NM
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	N. Santana			Programme and the second secon		





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

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 epizoótica, Linfangitis ulcerativa, Muermo, Piroplasmosis eguina y surra.
- Within 60 days prior to export, the animals were tested with negative results, for the 7. 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.





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

Equine infectious anemia: ACHD test (Coggin's test) on ELISA.

(Indicate the name of the official laboratory and the date the samples were obtained). Anemia infecciosa equina: agar gel immunodifusión (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.

6/13/10 Inspection date / Fecha de inspección USDA, APHIS, Veterinary Services 6200 Jefferson St., NE, Suite 117 Albuquerque, New Mexico 87109 C.Y. Brasmer, DVM Name of Accredited Veterinarian Name of Endorsing Federal Nombre del Médico Veterinario Veterinarian Paul Sciglibaglio D.V.M. Acreditado Nombre del Médico Veterinario *Federal aue endosa* Area Veterinarian in Charge, NM -Date: 06-16-2010 Signature of Accredited Veterinarian (Date) Yate Endorsed and Signature of Firma del Médico Veterinario Acreditado Endorsing Federal Veterinarian (Fecha) 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)

on 679201

1. ACCESSION NUMBER

(VS N	lemorandum 555.16)		COSTOLNA	ACI /	2491 (6/13/11
Forms Without Adequate	Descriptions Of The Hor Num	se and Compl nbers Will Not	Be Processed.			
3. REASON FOR TESTING	Show E	irst Test	7. NAME AND ADDRESS	OR STABLE/MARK	ET (Please print or	type)
Market Change of Ov	nership Retest E	xport				
4. GEÖGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE				
LAT:	OR ACCREDITATION NO.	XXELISA	N/A.		Zip Code	
LONG:	1167	AGID	Tel No.	-	County	
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS	OF VETERINARIAN	N (Please print or ty	pe)
DENNIS CHAVÉZ			C Y KRASH	FP TVD		
& S/W. LIVESTOCK			5900 JONES	PLACE NW.		
LOS LUNAS.	Zip Code		AL KIIÇUFRQI			87190
Tel No.	County	•	Tel No. (505) 610	-4711	County	ERMINICE.
I certify the speci	CERTIFICATION men submitted with this form v		ACCREDITED VETERING from the horse describe		te indicated abov	/e.
10. SIGNATURE OF FED (b)(6)	D VETERINARIAN		11. TYPE OR PRINT SIGNAT		12.5	SIGNATURE DATE
			ER OR OWNER'S AGEN	T		
I certify that I h	ave examined this form and, to					
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT	,	14. TYPE OR PRINT SIGNAT	TURE NAME	15.	SIGNATURE DATE
16. Official 18.	. 10		20. — 21.	22.	23.	24. M - Male
Tube No. Tag Tattoo/Bra	985170000306	845	Color Breed	Electroni I.D. No.		Sex F - Female
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27. LEFT FORELIMB			26. RIGHT FORELIMB			
29. LEFT HINDLIMB	· · · · · · · · · · · · · · · · · · ·		30. RIGHT HINDLIMB			
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31. LABORATORY NAME/CITY/STATE	32. DATE R		ORY USE ONLY 33. DATE REPORTED OUT	34. TEST RESULTS		
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ALBUQUERQUE COGGIN	D LAP.	URE OF TECHNICIA		Negative 55. RÉMARKS	T LOSIGAG	AOID I ELISA
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FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. 1. ACCESSION NUMBER SERIAL NO. DATE BLOOD U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE DRAWN a679202 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING First Test Show Market Change of Ownership Retest Export GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. ALLISA Zip Code LONG: AGID County Tel No. 1167 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ HRASMER DVM e s/w. LIVESTOCK AUCTION JONES PLACE 5900 Zip Code Zip Code LOS LUNAS. ALBUOUEROUE. County County Tel No. Tel No. (505) 61G-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 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN C.Y. BRASELER DVM. CERTIFICATION OF OWNER OR OWNER'S AGENT ve examined this form and, to the best of my knowledge and belief, this form is true, correct and complete. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16. Official 23 M - Male 18. 24. 20. 21. Tube Electronic Age or DOB F - Female 985170000311131 Breed Tattoo/Bran Color I.D. No. No. Tag 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 26. RIGHT FORELIMB 29. LEFT HINDLIMB 30. RIGHT HINDLIMB

ALBUQUERQUE COGGINS LAB. 36. SIGNATURE OF TECHNICIAN 35. REMARKS ALBUQUERQUE, NE.

34. TEST RESULTS

Negative Positive

33. DATE REPORTED OUT

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).

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

ELISA

☐ AGID

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. SERIAL NO. 1. ACCESSION NUMBER U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 2. DATE BLOOD 0679293 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING First Test Show Market Change of Ownership Retest Export **GEOGRAPHIC INFORMATION** 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. XXELISA N/A. Zip Code LAT: AGID LONG County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) JENNIS CHAVEZ TRASMER NUM @ 5/W_ LIVESTOCK AUCTION SGOD HONES PLACE NO Zip Code Zip Code LOS LUNAS AT RIUMEROUS Tel No. County County 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 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN C.Y. BRASMER DVE 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. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16 . Official 22. M - Male 18. 24. 21. Tube Electronic I.D. No. Age or DOB Tattoo/Brand Color Breed No. Tag 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 FORELIME 28. RIGHT FORELIMB 29. LEFT HINDLIMB 30. RIGHT HINDLIME FOR LABORATORY USE ONLY

Faisification of this form or knowingly using a faisified 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).

33. DATE REPORTED OUT

34 TEST RESULTS

Negative Positive

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

ELISA

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

SERIAL NO. a0679204 1. ACCESSION NUMBER

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3. REASON FOR TESTING	Show		st Test			STABLE/MARKE	T (Please pr	int or type)	,
Market Change of Ow	nership Retest	EX	port						
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENS OR ACCREDITATION		6. TEST TYPE						
LAT:	OR ACCREDITATION	, NO.	XELISA		N/A.		Zip Code		
LONG:	116		AGID	Tel No.			County		
8. NAME AND ADDRESS OF OWNER	R (Please print or type)			9. NAME AND	ADDRESS OF	VETERINARIAN	(Please print	or type)	
DENNIS CHAVEZ				C.Y.	BRASHER	DW1.			
& S/W. LIVESTOCK				5900) JONES P I	ACE NW.	Zip Code		
LOS LUNAS. Tel No.	Zip Code County	2000000		Tel No. 750	IQUERQUE,	N34.	County	- 8712 (),
Territo.		APS	E FEDERALLY	- (3 4	5) 610 4	IAN		BENTA:	بالجيرة لدرا
I certify the specin	nen submitted with t	his form wa	OF FEDERALLY as drawn by me	from the horse	described be	low on the date	e indicated	above.	
10. SIGNATURE OF FE(b)(6)	D VETERINARIAN				RINT SIGNATURE			12. SIGNATU	IRE DATE
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l certify that I ha	ve examined this fo	rm and, to	the best of my k	nowledge and	belief, this forn	n is true, correc	t and comp		
13. SIGNATURE OF OWNER OR OWNER	'S AGENT			14. TYPE OR P	RINT SIGNATURE	NAME		15. SIGNAT	URE DATE
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FORM APPROVED - OMB NUMBER 0579 - 0127 1. ACCESSION NUMBER U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE SERIAL NO. DATE BLOOD DRAWN a0679205 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING First Test Show Export Market Change of Ownership Retest GEOGRAPHIC INFORMATION 6. TEST TYPE **VETERINARY LICENSE** SYSTEMS (GIS) OR ACCREDITATION NO. AFLISA Zip Code LAT: AGID LONG County Tel No. 1167 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. LIVESTOCK AUCTION SIW. 87120 Zip Code ALBUQUERQUE, NM. Zip Code LOS LINAS BEFRALLILL (505) 610-4711County Tel No. County Tel No. CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN C.Y. BRASMER 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. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME Official 22. 23. M - Male 18 24. 21. Age or DOB F - Female Tattoo/ Color Breed Tag 1.D. No. G - Gelding 985170000373778 N - Neuter SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

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		30, RIGHT HINDLIMB					
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	FOR LABOR	ATORY USE ONLY					
31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS				
ALSUQUERQUE COGGINS LAB.	6/13/10	6/13/10	Negative Positive	AGID	ELISA		
ALBUQUERQUE, NO.	36. SIGNATURE OF TECHNIC	IAN	35. REMARKS				
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See reverse for more OMB informa	ation			FO	RM APPROVED - 0	мв пиме	SER 0579 - 01	27
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& S/W. J.IVESTOCK A	MOTTON		***************************************		TAUS AW			
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Tel No.	County N.M.			610-4		County	KKRNA	. Y s . 2 . 2
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I certify the specin	nen submitted with this form w	as drawn by me	from the horse d	escribed b	elow on the date	indicated		
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29. LEFT HINDLIMB			30. RIGHT HINDLIMB					

31. LABORATORY NAME/CITY/STATE 33. DATE REPORTED OUT 34. TEST RESULTS 6/13/10 36. SIGNATURE OF TECHNICIAN AGID ELISA Negative Positive ALSUQUERQUE COGGIAS LAS. ALBUQUERQUE, NE.

FOR LABORATORY USE ONLY

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).

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. 2. DATE BLOOD SERIAL NO. 1. ACCESSION NUMBER U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 00679277 EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING First Test Market Change of Ownership Export 4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE OR ACCREDITATION NO. XXELISA **Zip Code** LAT: AGID LONG: County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENATS CHAVE? HRASMER DVM 5900 JONES PLACE NW **Zip Code** Zip Code 87:70 AT BUCHTER DUE TIME County Tel No. County 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 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN C.Y. BRASMER 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. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16. 22. Electronic Official 23. M - Male 24. Sex 18. 20. Age or DOB Tube F - Female Calo Breed Tattoo/Bra 1.D. No. No. Taq G - Gelding N - Neuter 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 HINDLIME FOR LABORATORY USE ONLY

36. SIGNATURE OF TECHNICIAN

36. SIGNATURE OF TECHNICIAN

36. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

31. LABORATORY NAME/CITY/STATE

ALEUQUEAQUE, Nr.

ALBUQUERQUE COGGINS LAB.

See reverse for more OMB information.		FORM APPROVED - OMB NUMBER 0579 - 0127							
U.S. DEPARTMENT OF AGRICULT ANIMAL AND PLANT HEALTH INSPECTIO EQUINE INFECTIOUS ANEMIA LABO	N SERVICE	SERIAL NO.	9298	1. ACCESSION NUME		ATE BLO	OD 1 · »		
(VS Memorandum 555.16)		. "	10000 200 0	ACT 1249	18 4	<u>// 3/</u>	10		
Forms Without Adequate Descriptions O	f The Horse and Com Numbers Will N	iplete Address lot Be Process	es Includin ed.	g Zip Codes, Cou	nties, and	Telepi	none		
3. REASON FOR TESTING Sho	w First Test	7. NAME AN	D ADDRESS O	R STABLE/MARKET (PI	ease print or	type)			
Market Change of Ownership Rete									
4. GEOGRAPHIC INFORMATION 5. VETERINARY LICE SYSTEMS (GIS) 0R ACCREDITATION			3.74						
LAT: LONG:	☐ AGID		N/A.		Code				
8. NAME AND ADDRESS OF OWNER (Please print or typ	7	Tel No.	D ADDRESS O	F VETERINARIAN (Pleas	STATE OF THE STATE	ne)			
,	e)	S. NAME AN			oo piint or typ	,,,			
DENNIS CHAVEZ © S/W. DIVESTOCK AUCTION.		C.Y.	BRASPE	t DVn.	-				
LOS LUNAS. Zip Cod	e	3900	OUSE OUR	Zip	Code o	71.00			
Tel No. County	ħiλi	Tel No. (5)	QUERQUE,	7 1 Co	unty	, 120			
	FICATION OF FEDERAL		D VETERINA	RIAN	I. I. I. I.	ANGLIE	Zasaki		
I certify the specimen submitted with	this form was drawn by								
10. SIGNATURE OF FEDERALL ACCREDITED VETERINARIAN (b)(6)	ĺ .	11. TYPE OR F	PRINT SIGNATUR	RE NAME	12. S	IGNATURI	E DATE		
			KASNER I	W.	9	112	110		
I certify that I have examined this	CERTIFICATION OF OV	VNER OR OWNE	R'S AGENT	orm is true, correct and	l complete				
13. SIGNATURE OF OWNER OR OWNER'S AGENT	om and, to the best of h		PRINT SIGNATUL			SIGNATUR	RE DATE		
				<u> </u>					
16 Official 18. Tube No. Tag Tattoo/Brand		20. Color	21. Breed	22. Electronic 1.D. No.	23. Age or DOB	Sex F	M - Male - Female - Gelding		
9851766		DA	1011		3		l - Neuter		
	SIGNIFICANT MARKII	100 1411001.6	19/11	AND SCADS		<u> </u>			
	A								
4	1 - Coronet, 2 - Pastern	3. Februsk A. Ko	5 3 3 2 2 mag 5 2 Hook	3 2		1			
	NARRATIVE DESC		10	· · · · · · · · · · · · · · · · · · ·	_				
25. HEAD '		26. OTHER MARK				3			
5/270									
27. LEFT FORELIMB		28. RIGHT FOREI	LIMB						
29. LEFT HINDLIMB	<u> </u>	30, RIGHT HINDL	IMB						
· · · · · · · · · · · · · · · · · · ·	FOR LABOR	ATORY USE ON	LY	-			************		
31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPOR		34. TEST RESULTS					
ALBUQUERQUE COGGINS LAB.	6/15/10	14/13,	//0	Negative Posi	tive 🔲 A	GID 😽	ELISA		
ALBUQUERQUE, NE.	36. SIGNATURE OF TECHNIC (b)(6)	CIAN		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

0679209

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

	emorandum 555.16)	IESI	Q0 0 1.0	, 2 0	ACI 17	499	6/1	<u> 3//</u>
Forms Without Adequate I	Descriptions Of The Hors Nun	se and Comple nbers Will Not	ete Addresse Be Processe	s Including	Zip Codes, Co	ounties, a	ind Tele	ohone
3. REASON FOR TESTING		rst Test			STABLE/MARKET	(Please prin	t or type)	
Market Change of Owr		xport						
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		N/A.		T. O. I.		
LAT: LONG:		AGID		M/M.		Zip Code County		
8. NAME AND ADDRESS OF OWNER	1167	I NOID	Tei No.	ADDDECC OF	VETERINARIAN (F		r (vne)	
	(Please print or type)		No.			lease pilit o	, type,	
DENNIS CHAVEZ			C.V.	BRASMER				
LOS LINAS.	Zip Code			OURROUF	11. 2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Zip Code	8719	```
Tel No.	County No.	**************************************	Tel No. (50	A named on h		County	DPDI A	
	CERTIFICATION	OF FEDERALLY				, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A 75, E.J. & 1 & 2
I certify the specim	en submitted with this form w	as drawn by me	from the horse	described be	low on the date i			
10. SIGNATURE OF FEDERADLY ACCRE	DITED VETERINARIAN	Accommode	11. TYPE OR PE	RINT SIGNATURE	NAME		12. SIGNATU	
(b)(6)			C.Y. B	KASMER D	V M		6//	3/1/
		TION OF OWNE			wintern correct	and comple	, ata	f
13. SIGNATURE OF OWNER OR OWNER	ve examined this form and, to	the best of my k		Deliet, this for			15. SIGNATI	IRE DATE
13. SIGNATURE OF OWNER OR OWNER	SAGENI		14. TYPE OR PE	KINI SIGNATURE	NAME		10. 5.5	
16. Official 18.					22.	23	24.	M - Male
Tube No. Tag Tattoo/Brand			I 20. Color	21. Breed	Electronic I.D. No.	Age DO	OF SAY	F - Female
			BII CI	,		17	A.A	G - Gelding N - Neuter
	98517000033	2428		IQH_		/		
	SHOW ALL SIGNIFICA	ANT MARKING	S, WHORLS.	BRANDS, A	AND SCARS	/	<i>/</i> /	
4	1 - Corr	onet, 2 - Pastern, 3	- Fetlock, 4 - Kne	5 3 2 e, 5 - Hock		3 2	31	V
	NARR	ATIVE DESCRIP	TION AND RE	MARKS				
25. HEAD	1	ŀ	26. OTHER MARKS	S AND BRANDS	, , , ,	111	11	
57 yo, S	NID			-N	4/3 /	//	4	I CALOU CONTINUE
27. LEFT FORELIMÉ	,		28. RIGHT FORELI	MB	, ,	7		
29. LEFT HINDLIMB	20		30. RIGHT HINDLII	MB				
		FOR LABORAT	OBV HEE ON	v				· · · · · · · · · · · · · · · · · · ·
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORT		. TEST RESULTS		100	
ALBUQUERQUE COGGIN	, ,	31/1)	1.1121	11)		Positive [AGID	ELISA
ALBUQUERQUE, NM.		URE OF TECHNICIAN	,4/13/ /	35	REMARKS	A CONTROL OF STREET		specific .
recent downseld mad Here's		(b)(6)						
Falsification of this form	m or knowingly using a fals	ified form is a c	riminal offense	and may res	ult in a fine of n	ot more th	an \$10.00	0 or

imprisonment for not more than 5 years or both (U.S.C. Section 1001).

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE SERIAL NO. 2. DATE BLOOD 1. ACCESSION NUMBER DRAWN **ഹട79210 EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING Show First Test Market Change of Ownership Retest Export 4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. XELISA N/A. Zip Code LAT: LONG AGID County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRASMER DVM & S/W. LIVESTOCK 5900 JONES PLACE NO Zip Code LOS LUNAS Zip Code ALBIIOHEROHE. County Tel No. County Tel No. (505) 610-471**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. 11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATE 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 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 Official 22. 23. M - Male 18 24. 20. 21. Tube Electronic Age or F · Female Tattoo/l Color Breed Sex No. 1.D. No. DOB G - Gelding exin + 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 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 33. DATE REPORTED OUT 34. TEST RESULTS

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).

SIGNATURE OF TECHNICIAN

ALBUQUERQUE, AM.

ALBUQUERQUE COCGINS LAB.

ELISA

Negative Positive

35. REMARKS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

SERIAL NO.

1. ACCESSION NUMBER

EQUINE INFECTIOUS ANEMIA LA (VS Memorandum 555.1		Q067921	1 ACT. 17 SOL	6/13//
Forms Without Adequate Descriptions	·	lete Addresses Incli t Be Processed.		
3. REASON FOR TESTING S	how First Test		SS OR STABLE/MARKET (Please	print or type)
	etest Export			
4. GEOGRAPHIC INFORMATION 5. VETERINARY LI SYSTEMS (GIS) 0R ACCREDITA		17/15		
LAT:	AGID		£,p 000	
	167	Tel No.	SS OF VETERINARIAN (Please p.	
8. NAME AND ADDRESS OF OWNER (Please print or t	уре)	1		int or type)
DENNIS CHAVEZ			SMER DVM.	
LOS LUNAS. Zip C	ode	AT SUCIER	ES PLACE NW. Zip Coo	le 6712U
Tel No. Coun		7	10-4711 County	
CER	TIFICATION OF FEDERALL	(333) 0.		
I certify the specimen submitted w	ith this form was drawn by me	from the horse descri	bed below on the date indicate	d above.
10. SIGNATURE OF FEDERAL (b)(6) TED VETERINAR	AN	11. TYPE OR PRINT SIGN	NATURE NAME	12. SIGNATURE DATE
		C.Y. BRASM	ER DVH.	6/13/10
	CERTIFICATION OF OWN	ER OR OWNER'S AGE	ENT	
I certify that I have examined the	is form and, to the best of my			
13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGN	NATURE NAME	15. SIGNATURE DATE
				23. M - Male
16. Official 18. Tube Tag Tattoo/Br.	ll nu Mina mi mana man	20. 21 Color Bre	ad Electronic	Age or Say E. Famale
			I.D. No.	DOB G - Gelding
9851700	00312570	Bey /		3 N-Neuter
SHOW ALI		5 3 3 - Fetlock, 4 - Knee, 5 - Ho	3 2	
	NARRATIVE DESCRI	PTION AND REMARKS		
STO?		26. OTHER MARKS AND BR	ANDS	
27. LEFT FORELIMB	9 0.00000000000000000000000000000000000	28. RIGHT FORELIMB		
29. LEFT HINDLIMB		30. RIGHT HINDLIMB		
	FOR LABORA	TORY USE ONLY	•	
31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS	
ALBUQUERQUE COGGINS LAE.	6/12/10	6/13/10	Negative Positive	☐ AGID 🎛 ELISA
ALBUQUERQUE, N.M.	36. /SIGNATURE OF TECHNICIA	и .	35. RĖMARKS	
Falsification of this form or knowingly impris	/ using a falsifi <mark>ed form is a c</mark> onment for not more than 5	criminal offense and m i years or both (U.S.C.	ay result in a fine of not mor Section 1001).	e than \$10,000 or

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

SERIAL NO. 0679212

1. ACCESSION NUMBER

EQUINE INFECTIOUS ANEMIA LAE (VS Memorandum 555.16		a) 1 1 3 5 1 5	ACL. 1250	2 6/13/16
Forms Without Adequate Descriptions (Of The Horse and Compl Numbers Will Not	Be Processed.		(4)
3. REASON FOR TESTING Sh		7. NAME AND ADDRESS	OR STABLE/MARKET (Ple	ase print or type)
	test Export			
4. GEOGRAPHIC INFORMATION 5. VETERINARY LIC SYSTEMS (GIS) 0R ACCREDITAT		76/A	Zip (
LAT: LONG:	.67 GAGID	Tel No.	Cou	
8. NAME AND ADDRESS OF OWNER (Please print or ty			OF VETERINARIAN (Pleas	
DENNIS_CHAVEZ	.	C.Y. BRASM	ER DVM.	*
@ S/W. LIVESTOCK AUCTION.		5900 JONES		
LOS LUNAS. Zip Co	de	ALBUQUERQU		code 8/120
Tel No. Count	y NA.	Tel No. (505) 610	4/11 Cou	nty PLREMALISATION
CERT I certify the specimen submitted with	IFICATION OF FEDERALLY the third form was drawn by me	from the horse described	d below on the date indic	
10. SIGNATURE OF FEDER (b)(6) TED VETERINARIA	NN .	11. TYPE OR PRINT SIGNATURE. C.Y. BRASMER		12. SIGNATURE DATE
	CERTIFICATION OF OWN			1 1
I cer <mark>er, mary nav</mark> e examined this	form and, to the best of my k			complete.
13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNAT	URE NAME	15. SIGNATURE DATE
16. Official 18. Tube No. Tag Tattoo/Brand		20. 21. Golor Breed	22. Electronic I.D. No.	Age or Sex F - Female
	9000332868	3/m 0 H		G - Gelding N - Neuter
	SIGNIFICANT MARKING	S. WHORLS, BRAND	S. AND SCARS	
	8	Δ		
		A .		
4)	5	5		T
	M. E	<i>'</i>	3	
1 66 2	2		2/	AP.
:	1 - Coronet, 2 - Pastern, 3	- Fetlock, 4 - Knee, 5 - Hock		
25 UEAD		TION AND REMARKS	-	
SNIJO		26. OTHER MARKS AND BRAN	os	-
27. LEFT FORELIMB		28. RIGHT FORELIMB		
29. LEFT HINDLIMB SOCK		30. RIGHT HINDLIMB	ch	
	FOR LABORAT	ORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS	Ai.
ALBUQUERQUE COUGINS LAB.	36. SIGNATURE OF TECHNICIA	6/13/10	Negative Posit	ive AGID ELISA
ALBUQUERQUE, NM.	(b)(6)	` 	35. REMARKS	
Falsification of this form or knowingly impriso	using a faisified form is a comment for not more than 5	riminal offense and may years or both (U.S.C. Se	result in a fine of not nection 1001).	nore than \$10,000 or

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

SERIAL NO. 0679213 . ACCESSION NUMBER

(VS M	emorandum 555,16)				<u> </u>	AUL./L	30 2	co/	13/17
Forms Without Adequate	Descriptions Of Th	e Horse Numbe	and Comp ers Will No	lete Addresses t Be Processes	s Including d.	Zip Codes, C	ounties,	and Te	elephone
3. REASON FOR TESTING	Show	First				STABLE/MARKE	T (Please pr	int or type	e)
Market Change of Ow	nership Retest	Expo	rt						
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO		TEST TYPE		NA				
LAT:		1 -	AGID				Zip Code		
LONG:	1167		AGID	Tel No.			County	or time!	
8. NAME AND ADDRESS OF OWNER	R (Please print or type)			1		VETERINARIAN(riease print	or type)	
DENNIS CHAVEZ	PERMIT O	······································			BRASMER YONES P	LACE NW.		,	***************************************
@ S/W. LIVESTOCK A	Zip Code				JUEKQUE,		Zip Code	87	120
Tel No.	County	NM.		Tel No. (505	5) 610-4	711	County	BER!	OLITIA!
	CERTIFICA	ATION OF	FEDERALL	Y ACCREDITED	VETERINAR	IAN			
I certify the specin	nen submitted with this	form was	drawn by me	from the horse	described be	low on the date	indicated		
10. SIGNATURE OF FEDERALLY ACCRE	DITED VETERINARIAN			11. TYPE OR PRI				12. SIGN	ATURE DATE
(b)(6)				C.Y. Bi	rasmer d	VM.		4	15//
l nortific that I ha	CER			ER OR OWNER		n ie true correct	and comp	iete.	
13. SIGNATURE OF OWNER OR OWNER		and, to th	e best of my	14. TYPE OR PRI			and comp	_	ATURE DATE
	- SAGENI			14, TIPE OR FRI	NY SIGNATORE	4			
16. Official 18.	19	W Western		20. Color	21. Breed	22. Electronic	As	e or	24. M - Male lex F - Female
No. Tag Tattoo/Brand			Million		1	I.D. No.		ОВ	G - Gelding
	98517.0000	31279	91	Brond	pc.n t		1	7	N - Neuter
	9851 LESIGN	NIFICAN'	T MARKING	35, WHORLS,	BRANDS, A	AND SCARS			
			()_					/	
1		3 1 - Coronel	t, 2 - Pastern, 3	3 - Fetlock, 4 - Knee	5 - Hock		3 2	4	
		NARRAT	IVE DESCRI	PTION AND REM					
25. HEAD	75 800000000			26. OTHER MARKS	AND BRANDS				
27. LEFT FORELIMB				28. RIGHT FORELIN	IB			<u></u>	
29. LEFT HINDLIMB			-	30. RIGHT HINDLIM	8				
		FC	R LABORA	TORY USE ONLY	1				
31. LABORATORY NAME/CITY/STATE	32.	DATE RECE		33. DATE REPORTE	DOUT 34	. TEST RESULTS			
ALBUQUERQUE COGGI	AS LAB.	6/13	110	6/13/	10 -	Negative	Positive	AGII	ELISA
ALBUQUERQUE, NA.		SIGNATURE	E OF TECHNICIA	AN .		REMARKS			
•		(t	b)(6)						

See reverse for more OMB inform	nation.				F	ORM APPROVED - C	MB NUMB	ER 057	′9 - 01	.27
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555,16)				SERIAL NO.	3214	1. ACCESSION N			TE BI	LOOD
Forms Without Adequate		he Hor	se and Comp	ete Address	es Includir			and	Tele	phone
		Nun	nbers Will No	Be Process	ed.					
3. REASON FOR TESTING	Show	F	irst Test	7. NAME AND	ADDRESS C	OR STABLE/MARKE	T (Please pr	rint or ty	vpe)	÷:
Market Change of O	wnership Retest 5. VETERINARY LICENSI		6. TEST TYPE		Total Section 1					
SYSTEMS (GIS)	OR ACCREDITATION		ELISA		k/A		Zip Code			. , , , , , , , , , , , , , , , , , , ,
LAT: LONG:	1167		AGID	Tel No.	-		County			
8. NAME AND ADDRESS OF OWN				9. NAME AND	ADDRESS	OF VETERINARIAN (Please print	or type	e)	
DERNIS CHAVEZ					BRASME					
e S/w. LIVESTOCK			PLACE NW.			7				
LOS LUNAS.	Zip Code				IQUERQUE		Zip Code		/120	
Tel No.	County	NM	•	Tel No. (5)	05) 610-	·4/11	County	BE:	KKA.	salahan M
Locatify the appeal	CERTIFIC	CATION	OF FEDERALL	ACCREDITE	D VETERINA	ARIAN	indicated	ahove		Ĭ
	imen submitted with th	is form w	as drawn by me	11. TYPE OR P			mulcated			JRE DATE
10. SIGNATURE OF FEDERALLX ACCR	REDITED VETERINARIAN			TO SHOW CHILDREN CARRY C. MENS TO	BRASMEK		24	6	15	3/11:
		DTIEIC	ATION OF OWN			and respond to		14		1
I certify thave n	nave examined this for	m and, to	the best of my	knowledge and	belief, this fe	orm is true, correct	and comp	olete.		
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT			14. TYPE OR P	RINT SIGNATU	RE NAME		15. SI	IGNAT	URE DATE
16. Official 18. / Details and the second se				20.	21.	22. Electronic		23. ge or	24.	M - Male
No. Tag Tattoo/Bra				Color	Breed	I.D. No.		ОВ	Sex	F - Female G - Gelding
	985170000			Res	Your te		5	, mar.	M	N - Neuter
	SHOM YTT SIG	3702	204	Loon	Larse				<i>[]</i>	
	3	5 3 2 2	Charles Company		3		3 2	4		
			ATIVE DESCRI							
25. HEAD		HARK	ATTYE DESCRI	26. OTHER MARK						
STUDO					energy C Street St. Service Asserting 22 April 200					
27. LEFT FORELIMB				28. RIGHT FORELIMB						
29. LEFT HINDLIMB		<u> </u>		30. RIGHT HINDLIMB						
				Sometiment of the second	0					
24 LABORATORY NAME OF THE			FOR LABORA			24 7507 55011 75				**************************************
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGG: ALBUQUERQUE, NM.	INS LAB.	DATE RE	3//0 URE OF TECHNICIA	33. DATE REPOR	///)	34. TEST RESULTS Negative 35. REMARKS	Positive	AC	GID	ELISA

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).

VS FORM 10-11 (MAY 2003)

U.S. DEPAR ANIMAL AND PLAI	SERIAL NO. 1. ACCESS 00679215		1. ACCESSION	CESSION NUMBER		2. DATE BLOOD DRAWN					
EQUINE INFECTIOUS (VS M	S ANEMIA LAI emorandum 555.16		TEST	QU513213 ACI12			1505 6/13/11			111	
Forms Without Adequate	Descriptions	Of The Hor	se and Compl	nplete Addresses Including Zip Codes, Counties, and Telephone lot Be Processed.							
. REASON FOR TESTING	St		rst Test	7. NAME AND ADDRE	ss o	R STABLE/MARKE	T (Please p	rint or ty	(pe)		
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I. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LIC		6. TEST TYPE								
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LONG:		167	AGID	Tel No.			County				
B. NAME AND ADDRESS OF OWNER DEANTS CHAVEZ	R (Please print or ty	(pe)		9. NAME AND ADDRE			Please prin	t or type))		
& S/W. LIVESTOCK	AUCTION.					PLACE NW.					
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(5)(6)	-			C.Y. BRASH	ER	DVE.		6	6/13//		
I certify that I ha	ive examined this			ER OR OWNER'S AGI	NT		and comp	olete.			
13. SIGNATURE OF OWNER OR OWNER				14. TYPE OR PRINT SIG					GNATI	JRE DATE	
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STOO				26. OTHER MARKS AND BR	ANDS						
27. LEFT FORELIMB				28. RIGHT FORELIMB							
29. LEFT HINDLIMB			30. RIGHT HINDLIMB								
	web-				Su	1					
			FOR LABORAT	ORY USE ONLY							
31. LABORATORY NAME/CITY/STATE		32. DATE RE	CEIVED	33. DATE REPORTED OUT	3	34. TEST RESULTS					
ALBUQUERQUE COGGIN	NS LAB.	6/1	5//0	6/13/10		Negative	Positive	AG	SID	ELISA	
ALBUQUERQUE, NM.		36. SIGNATI	JRÉ OF TECHNICIAN	• / / / / / / / / / / / / / / / / / / /	3	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

OF79216

1. ACCESSION NUMBER

(VS N	Memorandum 555.16)		We will be the same of the sam	12504	4/13///
Forms Without Adequate	Descriptions Of The H	orse and Comp	lete Addresses Includin	g Zip Codes, Counties	, and Telephone
	N	umbers Will No	t Be Processed.	1	.M
3. REASON FOR TESTING	Show	First Test	7. NAME AND ADDRESS OF	R STABLE/MARKET (Please)	print or type)
Market Change of Ov		Export			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE XELISA	N/A.	7:- C	
LAT: LONG:		AGID		Zip Code County	:
	1167		Tel No.	F VETERINARIAN (Please pri	at or type)
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS O	F VETERINARIAN (Flease pri	in or type)
DENNIS CHAVEZ			C.Y. DRACHE	DVII.	
e S/W. LIVESTOCK			5900 JONES 1	PLACE NW. Zip Code	1
LOS LUNAS.	Zip Code County		Tel No. (505) (10	**************************************	27120
Tel No.		<u> </u>	$-1 - (202) \cdot 610 - 6$	1711	BERNALILLE
I certify the speci	CERTIFICATIO men submitted with this form	N OF FEDERALL	Y ACCREDITED VETERINA e from the horse described to	RIAN below on the date indicated	d above.
10. SIGNATURE OF FEDERALI (b) (6)	red Veterinarian	ir tras diamin by inc	11. TYPE OR PRINT SIGNATUR		12. SIGNATURE DATE
10. GONATORE OF PEDETORE (D)(G)			C.Y REASMER		6/13/10
l portify that I b	CERTIF	CATION OF OWN	IER OR OWNER'S AGENT knowledge and belief, this fo	rm is true correct and com	nolete
13. SIGNATURE OF OWNER OR OWNE		r, to the best of my	14. TYPE OR PRINT SIGNATUR		15. SIGNATURE DATE
13. SIGNATURE OF OWNER OR OWNE	n a Auen I		14. THE UN PRINT SIGNATUR	TE NAME	work one bate
16. Official 18				22.	23. 24 M - Male
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No. Tag tattoo/b/				I.D. No.	G - Gelding
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	- 0				_
	1-0	Coronet, 2 - Pastern, 3	3 - Fetlock, 4 - Knee, 5 - Hock		
	NA	RRATIVE DESCRI	PTION AND REMARKS		
25. HEAD			26. OTHER MARKS AND BRANDS	01 15	
TOI	NT		,	Blue Kry	اللا
27. LEFT FORELIMB			28. RIGHT FORELIMS		
29. LEFT HINDLIMB			30. RIGHT HINDLIMB		
		FOR LABORA	TORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATI	E RECEIVED		34. TEST RESULTS	
ALBUQUERQUE COUGIN	S 1.48 (1	13111	6/13/11	Negative Positive	AGID . ELISA
ALBUQUERQUE, NM.	36. SIGI	NATURE OF TECHNICIA	W 1	55. REMARKS	
manus or the married or & TATTA		(b)(6)			
Falsification of this fo	rm or knowledly seine a f	alsified form is a	criminal offense and may re	scult in a fine of not more	than \$10,000 or
	imprisonment fo	or not more than	5 years or both (U.S.C. Sect	tion 1001).	

	RTMENT OF AGRICULTURE	SERIAL NO.		1. ACCESSION N	UMBER	2. DATE BLOOD				
EQUINE INFECTIOU	INT HEALTH INSPECTION SERVICE S ANEMIA LABORATORY	TEST	a0679	3217	. 2 < / 2		DRAWN			
	Memorandum 555.16)		400 10211 ACI 12507 6/13/							
Forms Without Adequate	Descriptions Of The Hors Nun	se and Compl obers Will Not	nplete Addresses Including Zip Codes, Counties, and Telephone Not Be Processed.							
3. REASON FOR TESTING	F-3	rst Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)							
Market Change of Ov	wnership Retest E	xport								
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE								
LAT:	OR ACCREDITATION (10.	XXELISA		N/A.		Zip Code				
LONG:	1167	AGID	Tel No.			County				
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS OF	VETERINARIAN (4ease prin	t or type)			
DENNIS CHAVEZ			C.Y.	PHASNER	24 4 4 4 4					
M S/W. LIVESTOCK A	Zip Code	2,000	JONES P	Water and American Property and American American Property and Ame	Zip Code	~ ~ 1 .37				
Tel No.	County		Tel No. (50	QUERQUE,		County	87126			
	CERTIFICATION (OF FEDERALLY					JEKPAL SESSION			
I certify the specia	men submitted with this form w	as drawn by me	from the horse	described b	elow on the date	indicated	ábove.			
10. SIGNATURE OF FEDERALLY MCCR	EDITED VETERINARIAN	т	11. TYPE OR PE	RINT SIGNATURI			6/13//6			
l certify that to	CERTIFICA ave examined this form and, to	TION OF OWN	ER OR OWNER	'S AGENT		and comi	olete			
13. SIGNATURE OF OWNER OR OWNE		and best of my i		RINT SIGNATUR			15. SIGNATURE DATE			
16. Official 18.	NAMED AND SECURITION OF THE PARTY OF THE PARTY.	i enter einer men sens	20.	21,	22. Electronic		23. 24. M - Maie ge or Sex F - Female			
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27. LEFT FORELIMB	28. RIGHT FORELIMB									
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31. LABORATORY NAME/CITY/STATE			33. DATE REPORT		4. TEST RESULTS					
ALBUQUERQUE COGGIN	5 LAS. 6/1	3/10	6/13/	110 1		Positive	AGID JELISA			
ALBUQUERQUE, NM.		URE OF TECHNICIA	N /	3	S. REMARKS					
		(b)(6)								
Falsification of this for	rm or knowingly using a falsi	ifled	inal offense	and may re	sult in a fine of n	ot more 1	han \$10,000 or			
	Imprisonment for n	ot more than 5	years or both (U.S.C. Section	on 1001).					

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

SERIAL NO. 01679218 1. ACCESSION NUMBER

2. DATE BLOOD DRAWN____

	lemorandum 555.16		1 1531	GO OF L	3 K T O	ACT 12:	508	6/1	13/10		
Forms Without Adequate	Descriptions	Of The Hor	rse and Comp	lete Address	es Including			and Te	lephone		
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4. GEOGRAPHIC INFORMATION	5. VETERINARY LIC		6. TEST TYPE								
SYSTEMS (GIS)	OR ACCREDITAT	TION NO.	XXELISA	N/A. Zip Code							
LAT: LONG:	1	167	AGID	Tel No.	, · ,		County				
B. NAME AND ADDRESS OF OWNE	The second secon		·		D ADDRESS OF	F VETERINARIAN	(Please prin	t or type)			
DENNIS CHAVEZ	,			CY	RDACMED	O VITTAE	•				
@ S/W. LIVESTOCK A	AUCTION_				TOMPC T						
LOS LUNAS.	Zip Co	ode	• 0	-	TOTIEROTTE		Zip Code	871	20		
Tel No.	Count	y Niv	T.,	Tel No. (5(05) 610-2	711	County	RERN	IAT TOY O		
I certify the specin			OF FEDERALL'				e indicated	above.			
10. SIGNATURE OF FEDER (b)(6)	TED VETERINARIA	AN		ero monar un	RINT SIGNATURI	* .		12. SIGN	3//()		
I certify that I ha	ave examined this		ATION OF OWN	ER OR OWNE	R'S AGENT	•	and com	olete.			
13. SIGNATURE OF OWNER OR OWNER					PRINT SIGNATUR				ATURE DATE		
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			FOR LABORAT	ORY USE ON	LY		,				
31. LABORATORY NAME/CITY/STATE		32. DATE R		33. DATE REPOR		4. TEST RESULTS					
ALBUQUERQUE COGGIN	S LAB.	6/1	3/10	6/13/	18	Negative	Positive	AGID	ELISA		
ALBUQUERQUE, NM.		36. SIGNAT	TORE OF TECHNICIA	} 	3	5. REMARKS		V-			
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· manipulation of this (O)	impriso	nment for	not more than 5	years or both	(U.S.C. Secti	sult in a fine of on 1001).	not more t	a.i \$10,	JUU UI		

U.S. DEPAR ANIMAL AND PLAY EQUINE INFECTIOUS (VS M	SERIAL NO. Q0679219 1. ACCESSION NUMBER 2. DATE BLOOD DRAWN 6/13//										
Forms Without Adequate		ons Of The Hor	se and Comp	lete Addresses in t Be Processed.	ncluding Z			, and Tele	phone		
3. REASON FOR TESTING	•		irst Test	7. NAME AND ADI	DRESS OR ST	ABLE/MARK	ET (Please p	rint or type)			
Market Change of Ow	nership		xport								
4. GEOGRAPHIC INFORMATION	5. VETERINA	RY LICENSE	6. TEST TYPE					* }			
SYSTEMS (GIS)	OR ACCR	EDITATION NO.	XXELISA	N/A. Zip Code							
LAT: LONG:		1167	AGID	Tel No.	•		County				
8. NAME AND ADDRESS OF OWNE	R (Please pri		<u> </u>	9. NAME AND AD	DRESS OF VE	TERINARIAN	(Please prin	t or type)			
DENNIS CHAVEZ			¥	CVD	RASMER T	NTM .		7.	4		
@ S/W. LIVESTOCK A	HCTTON	· · · · · · · · · · · · · · · · · · ·			ONES PLA						
LOS LUNAS.	2002100	3 50 7 100 7	EROHE 1		Zip Code	8712	n				
Tel No.	T i	County NM		Tel No. (505)	610-471		County	BERNA			
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l certify the specin							e indicated	above.			
10. SIGNATURE OF FEDERAL (b)(6)		INARIAN		11. TYPE OR PRINT				12. SIGNATU	JRE DATE		
(5)(6)				C.Y. BRA	CMUD DUS		•	611	3/1/		
		CERTIFICA	TION OF OWN	ER OR OWNER'S				14/	-/		
l certify that I ha	ve examine	ed this form and to	the best of my	knowledge and belie	of, this form i	s true, correc	and com	plete.	(4)		
13. SIGNATURE OF OWNER OR OWNER			, , ,	14. TYPE OR PRINT				15. SIGNAT	URE DATE		
			<u> </u>	,	franku sosson	u 1 .	2				
16. Official 18.				·	v. T.	22.		23. 24.	M - Male		
Tube No. Tag Tattoo/Br	HERE CONTRACTOR IN LEGICAL	w an us au âlus au H		20. Color	21. Breed	Electronic 1,D. No.		ge or Sex	F - Female		
NO. 180				+	not ber	I,D. NO.		1 0	G - Gelding		
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				- Fetlock, 4 - Knee, 5		7					
		NARR	ATIVE DESCRI	PTION AND REMAI		***************************************					
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29. LEFT HINDLIMB				An Division Laboration							
So C	~		. (9)	30. RIGHT HINDLIMB							
				ORY USE ONLY							
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIN	S LAB.	32. DATE RE	3/10	33. DATE/REPORTED C	UT 34. T	EST RESULTS Negative	Positive	AGID	ELISA		
ALBUQUERQUE, NM.		36. SIGNAT	URE OF TECHNICIA		35. R	EMARKS			· .		
Calefford - Adv.											
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

@679220

1. ACCESSION NUMBER

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Co	odes,	Countie	s, and 1	relephon	ıe
Numbers Will Not Be Processed.			v 3		

Forms without Adequa	ne vescriptions Of The Ho Nu	rse and Comp mbers Will No	Be Processed.	Zip Codes, Counties, and Telephone
REASON FOR TESTING		First Test	7. NAME AND ADDRESS OR	STABLE/MARKET (Please print or type)
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GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE		
SYSTEMS (GIS)	OR ACCREDITATION NO.	XXELISA	N/A.	Zip Code
LONG:	1167	AGID	Tel No.	County
NAME AND ADDRESS OF OW			9. NAME AND ADDRESS OF	VETERINARIAN (Please print or type)
DENNIS CHAVEZ			C.Y. BRASMER	DVM
@ S/W. LIVESTOCK	AUCTION.		5900 JONES P	A 1955
LOS LUNAS.	Zip Code	4 .	AT BUOUFROUF	71m Code neven
el No.	County N	V .	Tel No. (505) 610-4	
y	CERTIFICATION	OF FEDERALL	Y ACCREDITED VETERINAR	RIAN
I certify the spe	ecimen submitted with this form	was drawn by me	from the horse described be	elow on the date indicated above.
SIGNATURE OF FEDERALLX AC	The state of the s		11. TYPE OR PRINT SIGNATURE	NAME 12. SIGNATURE DATE
(b)(6)		<u>.</u>	C.Y. BRASMER D	V_{M} . $ Q /3//2$
·	CERTIFIC	ATION OF OWN	ER OR OWNER'S AGENT	
	e examined this form and,	to the best of my		
S. SIGNATURE OF OWNER OR OW	NER'S AGENT		14. TYPE OR PRINT SIGNATURE	NAME 15. SIGNATURE DATE
	, A			
16. Official 18.	(CONTRACTOR AND PROPERTY AND ASSOCIATED		20. /21.	22. 23. 24. M · Male Electronic Age or Sex F · Female
No. Tag Tattoo/Brand			Color Begger	Sex F Female
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	3 2		3	3
	1 - Co	oronet, 2 - Pastern,	3 - Fetlock, 4 - Knee, 5 - Hock	·
	NAR	RATIVE DESCRI	PTION AND REMARKS	
25. HEAD			26. OTHER MARKS AND BRANDS	
		<i>*</i>		
27. LEFT FORELIMB		4	28. RIGHT FORELIMB	
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29. LEFT HINDLIMB	,		30. RIGHT HINDLIMB	and the same and t
<u>, , , , , , , , , , , , , , , , , , , </u>		T.V.		
		FOR LABORA	TORY USE ONLY	
31. LABORATORY NAME/CITY/ST	ATE . 32. DATE	RECEIVED	33. DATE REPORTED OUT 34	I. TEST RESULTS
ALBUQUERQUE COGG	INS LAB.	3/10	6//3//U T	Negative Positive AGID
ALBUQUERQUE, NM.		ATURE OF TECHNICI	N 36	. REMARKS
,	·	(b)(6)		

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. SERIAL NO. 1. ACCESSION NUMBER 2. DATE BLOOD U.S. DEPARTMENT OF AGRICULTURE AND PLANT HEALTH INSPECTION SERVICE a0679221 DRAWN **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** 12511 (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING Show First Test Market Change of Ownership Retest 4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. XXELISA M/A. Zip Code AGID LONG: County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) LENNIS CHAVEZ RRASMER DIM @ S/W. LIVESTOCK AUCTION 5966 TONES PLACE NW Zip Code **Zip Code** LOS LUNAS ALBIUHERUHE Tel No. County County Tel No. (505) 610-4711CERTIFICATION 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. 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 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. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16. Official 22. 23. M - Male 18. 24. 20. 21. Electronic I.D. No. Age or DOB Tattoo/Bras Color Breed No. Tag 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 FORELIME 28. RIGHT FORELIMB 29. LEFT HINDLIMB 30. RIGHT HINDLIMB

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

FOR LABORATORY USE ONLY

32. DATE RECEIVED

36. SIGNATURE OF TECHNICIAN

33. DATE REPORTED OUT

34. TEST RESULTS

Negative Positive

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

ELISA

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127 SERIAL NO. 2. DATE BLOOD U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. ACCESSION NUMBER DRAWN 0679222 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555, 16) 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) Show First Test Change of Ownership Market Retest Export GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. XELISA N/A. **Zip Code** LONG: AGID County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRASMER DUM 6 S/W. LIVESTOCK 5900 TONKS PLACE N AUCTION Zip Code Zip Code LOS LUNAS. ALRHOHERCHE County Tel No. County (505)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. 12. SIGNATURE DATE 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM CERTIFICATION OF OWNER OR OWNER'S AGENT I cerury triat i nave examined this form and, to the best of my knowledge and belief, this form is true, correct and complete. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16 Official 23. 22. M - Male 18. 24 Electronic Tube F - Female Color Breed Sex No. Tag I.D. No. DOB G - Gelding in the top the N - Neuter 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 32. DATE RECEIVED 33. DATE REPORTED OUT 34. TEST RESULTS

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

SÍGNATURÉ OF TECHNICIAN

ALBUQUERQUE, NF.

ALBUQUERQUE COGGINS LAB.

AGID

Negative Positive

35. REMARKS

ELISA

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. 2. DATE BLOOD SERIAL NO. 1. ACCESSION NUMBER U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE DRAWN o0679223 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** 12513 (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING First Test Show Export Market Change of Ownership Retest 5. VETERINARY LICENSE 6. TEST TYPE **GEOGRAPHIC INFORMATION** SYSTEMS (GIS) OR ACCREDITATION NO. XXELISA N/A. Zip Code LAT: LONG: AGID County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENKIS CHAVEZ RRACHER DIR S/W. LIVESTOCK AUCTION SOMO TANKS PLACE Zip Code Zip Code LOS I PHOUEBOUE County Tel No. County Tel No. (505) 610-4711CERTIFICATION 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. 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDER (6)(6) ED VETERINARIAN BRASMER 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. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16. Officia 22. 23. M - Male 18. 20. 21. Electronic Age or DOB Tube F - Female Color Breed Tattoo/Bra No Tag G - Gelding auc, tes N - Neuter 170000516765 rouse 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 HINDLIME FOR LABORATORY USE ONLY 31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED 33. DATE REPORTED OUT 34. TEST RESULTS ELISA

Falsification of this form or knowingly using a falsified tometer a minal 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).

ALBUQUEKÇÜE, NM.

ALBUQUERQUE CUGGINS LAG.

AGID

Negative Positive

55. REMARKS

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DENNIS CHAVEZ			C.Y. BE	ASME	R DVM.		
@ S/W. LIVESTOCK A			5900 TC	MES I	PLACE NW.		
TOS LUNAS.	Zip Code		ALBUQUE			UZ X X	
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		FOR LABORAT	ORY USE ONLY				Marie Company of the
31. LABORATORY NAME/CITY/STATE	32. DATE		33. DATE REPORTED OF	UT 3	4. TEST RESULTS		
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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

SERIAL NO.

1. ACCESSION NUMBER

ACL./	25/5	6/13/	116			

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DENNIS CHAVEZ		·		BRASMER				
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		FOR LABORAT	ORY USE ONLY	·			and the second second	
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See reverse for more OMB information. U.S. DEPARTMENT OF AGRICULTURE

SERIAL NO.

1. ACCESSION NUMBER

2. DATE BLOOD

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	Memorandum 555.16)				ACL. 125/6			
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DENNIS CHAVEZ			C.Y. BS	CASMER	DVM.			
@ S/W. LIVESTOCK A	UCTION.		5900 JC	NES P	LACE NW.			
LUS LUNAS.	Zip Code		A).BUQUE	ROUE.				
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	men submitted with this form v	vas drawn by me				12. SIGNATURE DATE		
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24 LABORATORY NAMES OF THE			TORY USE ONLY					
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FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OM8 information. DATE BLOOD SERIAL NO. 1. ACCESSION NUMBER 2. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE DRAWN a0679227 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING Show First Test Export Market Change of Ownership Retest 5. VETERINARY LICENSE 4. GEOGRAPHIC INFORMATION 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. ELISA N/A. Zip Code **AGID** LONG Tel No. County 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) 8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ EDACMED DUM # S/W. LIVESTOCK AUCTION **Zip Code** Zip Code i.IIA A C County Tel No. County Tel No. (505) 610-4711CERTIFICATION 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. 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN BKASMER DVM CERTIFICATION OF OWNER OR OWNER'S AGENT examined this form and, to the best of my knowledge and belief, this form is true, correct and complete I ce 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 22. 23. M - Male 16 . Official 24 21. 20. Tube Electronic F - Female Sex Tattoo/B I.D. No. DOB No. Tag G - Gelding N - Neute 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 28. RIGHT FORELIMB 27. LEFT FORELIMB 29. LEFT HINDLIMB 30. RIGHT HINDLIMB

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FOR LABORATORY USE ONLY

33. DATE REPORTED OUT

32. DATE RECEIVED

SIGNATURÉ OF TECHNICIAN

34. TEST RESULTS

S REMARKS

Negative Positive

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGIAS LAB.

ELISA

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST			TEST	SERIAL NO.	228	1. ACCESSION NUMBER		2. DATE BLOOD DRAWN	
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DENNIS CHAVEZ				C.Y.	ERASKA	i hWe			
e S/w. LIVESTOCK A		A	·	5900	JONES I	PLACE MY.	Zip Code		
LOS LUNAS.		Code unty No.			MERQUE	,	County	<u>87129</u>	
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			FOR LABORAT	ORY USE ONLY	γ				
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ALBUQUERQUE, NM.			(b)(6)		3	Ś. REMARKS	ı		
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FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE SERIAL NO. 1. ACCESSION NUMBER 2. DATE BLOOD DRAWN 00679229 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** 7519 (VS Memorandum 555.16) 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) **First Test** Show Export Market Change of Ownership Retest **GEOGRAPHIC INFORMATION** 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. XELISA N/A. Zip Code LAT: AGID County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEY PRACEITE THIM LIVESTOCK ALCTION DI Zip Code Zip Code 27175 Tel No. County County Tel No. CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above. 12. SIGNATURE DATE 10. SIGNATURE OF FEDERAL 11. TYPE OR PRINT SIGNATURE NAME VETERINARIAN C.Y. BRASMER 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. Official 22. 23. M - Maie 18. 24. 20. 21. Electronic Age or DOB Tube Sex F - Female Tattoo/B Color Breed No. Tag I.D. No. G - Gelding 20/Ple N - Neuter لعن SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

	NARRATIVE DESC	CRIPTION AND REMARKS					
25. HEAD		26. OTHER MARKS AND BRA	NDS		**************************************		
27. LEFT FORELIMB	28. RIGHT FORELIMB						
29. LEFT HINDLIMB	30. RIGHT HINDLIMB						
	FOR LABO	RATORY USE ONLY		•	Marie		
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB.	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS Negative Positive	AGID	ELISA		
ALBUQUERQUE, NM.	36. SIGNATURE OF TECHN	ICIAN	35:-REMARKS		0 0000		

Imprisonment for not more than 5 years or both (U.S.C. Section 1001).

See reverse for more OMB info	rmation.			FOR	M APPROVED - OM	IB NUMBER OF	579 - 0127
ANIMAL AND P	PARTMENT OF AGRICULTURE PLANT HEALTH INSPECTION SERVICE DUS ANEMIA LABORATOR S Memorandum 555.16)	RY TEST	SERIAL NO.	77-47 107	. ACCESSION NUI	P	ATE BLOOD BRAWN
Forms Without Adequa	te Descriptions Of The Ho	rse and Comp	olete Addresses li ot Be Processed.	ncluding	Zip Codes, Co	unties, and	Telephone
REASON FOR TESTING	Show	First Test	7. NAME AND ADI	DRESS OR	STABLE/MARKET	Please print or	type)
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LAT: LONG:	OR ACCREDITATION NO.	∏XELISA ☐ AGID		/A.		ip Code	
NAME AND ADDRESS OF OW	NER (Please print or type)	I AGID	Tel No.	DRESS OF V	VETERINARIAN (Pie	County ease print or type	pe)
DENNIS CHAVEZ	······································		171 (100 to 151 151 to 161 161 to 161 161 161 161 161 161 161 161 161 16	RACMER	enut seemoon axormer of	71	
@ S/W. LIVESTOCK	AUCTION.			ONEC DE			
LOS LUNAS.	Zip Code		AL BUOU	SKUUE.	R-107	ip Code	<i>7120</i>
el No.	County	<u>"i "</u>	Tel No. (505)	610-47	, C	County BE	HOVALLE L.
I certify the spe	CERTIFICATION ecimen submitted with this form		Y ACCREDITED VE e from the horse de			dicated above	e.
). SIGNATURE OF FEDERAL (b)(6)	/ETERINARIAN		11. TYPE OR PRINT			12. S	1/3//
I certify that	CERTIFIC Leads to the community of the c		NER OR OWNER'S A knowledge and belie		n is true, correct a	nd complete.	,
3. SIGNATURE OF OWNER OR OW	NER'S AGENT		14. TYPE OR PRINT	SIGNATURE	NAME	15. 3	SIGNATURE DATE
16. Official 18. ube No. Tag Tattoo/Bra	ANTAN ANTAN ANTAN ANTAN ANTAN ANTAN		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. M - Male Sex F - Female G - Gelding
	985170000365	591	for minito	aint		4	G. N - Neuter
1	SHOW ALL SIGNIFIC	ANT MARKIN	GS, WHORLS, BR	RANDS, A	ND SCARS		Ŋ
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		E)				$\rightarrow 1$	
1	3 2	3	<i>3</i>)		3 2		1
	 		3 - Fetlock, 4 - Knee, 5				
25. HEAD	NARI	RATIVE DESCR	PTION AND REMA				
P)	INT		26. OTHER MARKS AN	D BRANDS			

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 COGGINS LAB.

ALBUQUERQUE, NM.

36. SIGNATURE OF TECHNICIAN

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).

o0679231

1. ACCESSION NUMBER

	Memorandum 555.16)	1 1531	00013	201	12	571	(01)	13/11
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3. REASON FOR TESTING		irst Test	7. NAME AND	ADDRESS OR S	IABLE/MARKE	I (Flease pr	in or type)	
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8. NAME AND ADDRESS OF OWNE	R (Please print or type)	1=	ALTERNATION CONTRACTOR	ADDRESS OF V	ETERINARIAN (or type)	sulture.
	are (r road o prime or typo)							
DENNIS CHAVES © S/W. LIVESTOCK	A 37 (1877 T CSA)			BRASHEA				
LOS LUNAS.	Zip Code		5	JONES PL		Zip Code		
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	CERTIFICATION					indicated		had hadi
10. SIGNATURE OF FEDERALLY	men submitted with this form v	vas drawn by me		described beig		Indicated	12. SIGNAT	URE DATE
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13. SIGNATURE OF OWNER OR OWNE		o the best of my		UNT SIGNATURE N		and comp		TURE DATE
13. SIGNATURE OF OWNER OR OWNE	R S AGENT		14. TIPE OR PR		VINC		10. 010101	
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31. LABORATORY NAME/CITY/STATE	32. DATER		33. DATE REPORT		TEST RESULTS			
ALBUQUERQUE COGGIN	S LAR. 6/1	3/10	6/13/1	0 🖳	Negative _	Positive	AGID	. ELISA
ALBUQUERQUE, NM.	36. SIGNA	TURE OF TECHNICIA	N /	35.	REMARKS			dada
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Falsification of this fo	rm or knowingly using a fals Imprisonment for	sified form is a not more than !	criminal offense years or both (and may resu [U.S.C. Section	It in a fine of a 1001).	not more t	han \$10,0	00 or

See reverse for more OMB informa	ation.			FC	ORM APPROVED -	OMB NUMB!	ER 0579	- 012	7
ANIMAL AND PLA EQUINE INFECTIOU	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE S ANEMIA LABORATOR) Memorandum 555,16)	Y TEST	SERIAL NO.	3232	1. ACCESSION	NUMBER	2. DAT DRA		000 3///
Forms Without Adequate	Descriptions Of The Hor	se and Comp	lete Address	es Includin ed.	The state of the s		and T	elep	hone
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Market Change of Ov	vnership Retest E	xport							
GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE							
LAT:		ELISA		N/A.		Zip Code			
LONG:	1167	AGID	Tel No.			County	41		
, NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS O	F VETERINARIAN	(Please print	or type)	•	
DENNIS CHAVEZ			C.Y.	PRASAH	e me				
@ S/W. LIVESTOCK	Zip Code		5900 JONES PLACE NW. Zip Code 97193						
LOS LUNAS.	Causali.			10058005 15) 610-	7-1-2-2-0	County	- 		
	CERTIFICATION					1	- 1021.	S. C. S. Sec. 2	<u></u>
I certify the specia	men submitted with this form w					indicated	above.		
D. SIGNATURE OF FEDERALLY ACCOUNT				RINT SIGNATUR				NATUR	E DATE
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		ATION OF OWN			·		,	,	
	ave examined this form and, to	the best of my			***************************************	t and comp			
3. SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR P	RINT SIGNATUR	RE NAME		15. SIG	NATUI	RE DATE
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29. LEFT HINDLIMS			as plous inter-	nan			-		
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31. LABORATORY NAME/CITY/STATE	32. DATE RI	THE RESIDENCE OF THE PERSON NAMED OF THE PERSO	TORY USE ON		34 TEST RESULTS				

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ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

Negative Positive AGID ELISA

U.S. DEPARTMENT OF AGRICULTURE

SERIAL NO.

1. ACCESSION NUMBER

EQUINE INFECTION	RY TEST	a06792	233	1745	9 61	13/1		
•	e Descriptions Of The Ho	orse and Compl	lete Addresses Be Processed	Including Zi	p Codes, Count	ies, and Te	elephone	
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4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE						
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			ACCREDITED V				Carlo designation of the Barre (1979 p.m.)	
	imen submitted with this form	was drawn by me	11. TYPE OR PRIN				ATURE DATE	
10. SIGNATURE OF FEDERALLY ACC	REDITED VETERINARIAN	*				()	3711	
· · · · · · · · · · · · · · · · · · ·				ACLED DAM	,	<u> </u>	1-11	
L certify that I	have examined this form and,	to the best of my	ER OR OWNER'S	SAGENT dief. this form is	true, correct and o	omplete.		
13. SIGNATURE OF OWNER OR OWN	2		14. TYPE OR PRIN				NATURE DATE	
			4					
16 . Official 18.			20.	21.	22.	23.	24. M - Male	
Tube No. Tao Tattoo/Brai			Color	Breed	Electronic I.D. No.	Age or S	G - Gelding	
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	985170000333	3/14	white			7 1	ے	
	3 2 1-0	oronet, 2 - Pastern, 3	a - Fetlock, 4 - Knee,	5 J	3 2			
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25. HEAD POIN	T		26. OTHER MARKS A	ND BRANDS				
27. LEFT FORELIMB			28. RIGHT FORELIMB					
29. LEFT HINDLIMB			30. RIGHT HINDLIMB					
		FOR LABORAT	TORY USE ONLY					
31. LABORATORY NAME/CITY/STAT	E 32. DAŢE	RECEIVED	33. DATE REPORTED	O OUT 34. TE	EST RESULTS			
ALBUQUERQUE COGGI	NS LAB. 6//	3/10	6/13/10		Negative Positiv	e 🗌 AGI	D ELISA	
ALBUQUERQUE, NM.	36/ SIGN.	ATURE OF TECHNICIA (b)(6)	N. Control of the con	35. Ri	EMARKS			
Falsification of this fo	orm or knowingly using a fa imprisonment fo				in a fine of not me 1001).	ore than \$10	,000 or	

SERIAL NO. on 679234

C.Y. BRASHER DVH.

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN 1-11

(VS N	lemorandum 555.16)	ACL. / 2.960 @ // J/
Forms Without Adequate		Complete Addresses Including Zip Codes, Counties, and Telephor
REASON FOR TESTING	Show First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

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3. REASON FOR TESTING	Show	First Test ,	7. NAME AND ADDRESS OR STABLE/MAR	KET (Please print or type)
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LONG:	1167	AGID	Tel No.	County
8. NAME AND ADDRESS OF OWNE	ER (Please print or type)		9. NAME AND ADDRESS OF VETERINARIA	N (Please print or type)
DENNIS CHAVEZ	Annual 10 Annual		C.Y. BRASMER DVM.	
e S/W. LIVESTOCK	AUCTION.		5900 JONES PLACE NW.	
LOS LUNAS.	Zip Code		ALBUQUERQUE, NN.	Zip Code 37120
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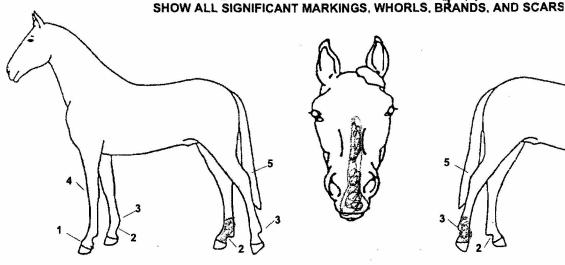
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above. 12. SIGNATURE DATE 10. SIGNATURE OF FEDERA (b)(6) 11. TYPE OR PRINT SIGNATURE NAME VETERINARIAN

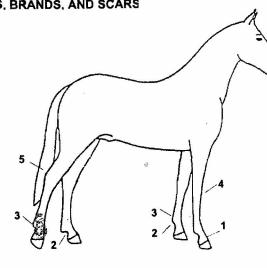
CERTIFICATION OF OWNER OR OWNER'S AGENT

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. SI	GNATURE	OF OWNER OR O	NNER'S AGENT	14. TYPE OR P	RINT SIGNATURE	NAME	15. S	IGNAT	URE 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 - Maie F - Female G - Gelding
			985170000339100	Ey)	OH.		11	C	N - Neuter







	1 - Coronet, 2 - Pastern,	3 - Fetlock, 4 - Knee, 5 - Hock	
	NARRATIVE DESCRI	PTION AND REMARKS.	
25. HEAD STAYO		26. OTHER MARKS AND BRANI	DS
27. LEFT FORELIMB		28. RIGHT FORELIMB	,
29. LEFT HINDLIMB		30, RIGHT HINDLIMB	1_
<u> </u>	FOR LABORA	TORY USE ONLY	
31. LABORATORY NAME/CITY/STATE	32. DATĘ RECEIVĘD	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB.	6/13/10	6/13/10	Negative Positive AGID ELISA
ALBUQUEKQUE, NM.	36. SIGNATURE OF TECHNICA	AN /	35. REMARKS
	(b)(6)		

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

everse for more OMB information		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ANIMAL AND PLANT H		SERVICE
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SERIAL NO.

1. ACCESSION NUMBER

	S ANEMIA LABORATORY fernorandum 555.16)	YTEST	00013233	ACI. 12461	6/13/16
Forms Without Adequate	Descriptions Of The Hor Nun	se and Comp	olete Addresses Includir		
3. REASON FOR TESTING		irst Test	7. NAME AND ADDRESS C	R STABLE/MARKET (Pleas	e print or type)
Market Change of Ow	rnership Retest V	xport			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	7.1		
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LONG:	1167	AGID	Tel No.	Count	-
8. NAME AND ADDRESS OF OWNER	R (Please print or type)		9. NAME AND ADDRESS C	F VETERINARIAN (Please p	print or type)
DENNIS CHAVEZ			C.Y. BRASME	R DVAL	
@ S/W. LIVESTOCK A			5900 10KKS		4.
LOS LUNAS. Tel No.	Zip Code County		ALBUQUERQUE	*	
10110.	IVID.		Tel No. (505) 610-	3/11	REGNETALISE
I certify the specin	nen submitted with this form w		Y ACCREDITED VETERINA e from the horse described		ed above.
10. SIGNATURE OF FEDERA (b)(6)	ED VETERINARIAN		11. TYPE OR PRINT SIGNATUL		12. SIGNATURE DATE
			C.Y. BRASMER	DVM	6/13/1
	CERTIFICA	ATION OF OWN	VER OR OWNER'S AGENT	<u> </u>	1 1
I certify that I ha	ave examined this form and, to			orm is true, correct and co	mplete.
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR PRINT SIGNATU	RE NAME	15. SIGNATURE DATE
16. Official 18.			20. 21.	22. Electronic	Age or Sex F - Female
No, Tao Tattoo/Bra			Color Breed	I,D. No.	DOB Sex F - Female G - Gelding
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25. HEAD 570.1	·	8	26. OTHER MARKS AND BRANDS	/ /	1 /
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27. LEFT FORELIMB			28. RIGHT FORELIMB	,	
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,		FOR LAROPA	TORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE RE		· · · · · · · · · · · · · · · · · · ·	34. TEST RESULTS	
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Falsification of this for	m or knowingly using a falsi	fled f	nal offense and may re	sult in a fine of not mor	e than \$10,000 or
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Zip Code

County

Zip Code

County

DATE BLOOD

12. SIGNATURE DATE

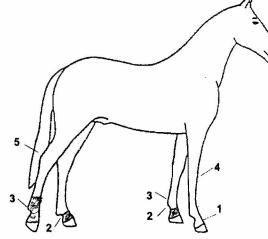
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SERIAL NO. U.S. DEPARTMENT OF AGRICULTURE 1. ACCESSION NUMBER ANIMAL AND PLANT HEALTH INSPECTION SERVICE a0679238 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses 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) Show First Test Change of Ownership Market Retest Export GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE OR ACCREDITATION NO. SYSTEMS (GIS) XX ELISA N/A. AGID LONG: Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVES BRASMER DVM @ S/W. LIVESTUCK AUCTION 5900 JONES PLACE NO Zip Code LOS LUNAS. ALBIOTEROUS Tel No. County Tel No. (505) 610-4 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 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FED ED VETERINARIAN BRASMEK DVM CERTIFICATION OF OWNER OR OWNER'S AGENT

13. SIGNATURE OF OWNER OR OWNER'S AGENT 15. SIGNATURE DATE 14. TYPE OR PRINT SIGNATURE NAME 16. Official 22. 23. M - Male 20. 21. Electronic Age or DOB Tube Sex F - Female Tatto Color Breed No. Taq I.D. No. G - Gelding N - Neuter SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

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





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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).

SERIAL NO. Q0679237 1. ACCESSION NUMBER

2. DATE BLOOD DRAWN 17 463 6/13/11

(VS Memorandum 555.16)		<u> </u>		ACY /2 /	,	* *
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@ S/w. LIVESTOCK AUCTION.		5900	IONES DIA			
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SERIAL NO. 00679238

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2. DATE BLOOD DRAWN

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DENNIS CHAVEZ	1		C.Y. BRASME	K DVM.	
e s/w. Livestock	AUCTION.		5900 JONES		
LOS LUNAS.	Zip Code		ALBUQUERQUE	, NM. Zip Cod	e 87120
Tel No.	County NM	•	Tel No. (505) 610-	4711 County	BERNALI
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Establication of this fo	arm or knowleady welfag a fold	hoitie	inal offense and	mould in a fine of not mare	than \$10 000 or

imprisonment for not more than 5 years or both (U.S.C. Section 1001).

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. SERIAL NO. 1. ACCESSION NUMBER 2. DATE BLOOD U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE DRAWN a0679239 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING First Test Show Change of Ownership Market Retest Export GEOGRAPHIC INFORMATION VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. **KKELISA** TEL. Zip Code LAT: AGID LONG: County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) BRASMER DVM DERNIS CHAVEZ S/W. LIVESTOCK AUCTION 5900 JONES PLACE NW Zip Code 87120 Zip Code ALBUOUERUUE BEKNAI County County 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. 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDE EDITED VETERINARIAN C.Y. BRASMER DVM. CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that i make 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 22. 23. M - Male 18. 24. Electronic I.D. No. Tube Age or DOB Color Tattoo/Br Breed No Tag G - Gelding ~c' 101 N - Neute 985170000349252 USE 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 FORELIME 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 ELISA ALBUQUERQUE COGGINS LAB. Negative Positive AGID GNATURE OF TECHNICIAN 35. RÉMARKS ALBUQUERQUE, NA.

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).

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FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. 2. DATE BLOOD SERIAL NO. U.S. DEPARTMENT OF AGRICULTURE 1. ACCESSION NUMBER AND PLANT HEALTH INSPECTION SERVICE DRAWN Q0679241 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING Show First Test Market Change of Ownership Export Retest GEOGRAPHIC INFORMATION S. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. ELISA M/A. Zip Code LAT: LONG: AGID County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRASMER DUM W S/W._LIVESTOCK 5400 TONES PLACE Zip Code Zip Code LOS LUNAS ALRHOUFROUP County Tel No. County Tel No. (505) 610-471CERTIFICATION 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 12. SIGNATURE DATE 10. SIGNATURE OF FEDER (b)(6) 11. TYPE OR PRINT SIGNATURE NAME TED VETERINARIAN C.Y. BRASMER 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 . Official 22. 23. M - Male 18. 24. 21. Electronic Age or Tube F - Female Color Sex Tattoo/E 1.D. No. DOB No. Tag G - Gelding Bluck 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 HINDLIME

FOR LABORATORY USE ONLY

ALBUQUERQUE COGGINS LAB.

6/13/10

33. DATE REPORTED OUT

34. TEST RESULTS

Negative Positive

AGID ELISA

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).

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, Nr.

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127 SERIAL NO. U.S. DEPARTMENT OF AGRICULTURE 1. ACCESSION NUMBER 2. DATE BLOOD ANIMAL AND PLANT HEALTH INSPECTION SERVICE DRAWN JE79242 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING Show First Test Change of Ownership Market Retest 4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. XXELISA N/A. Zip Code AGID LONG: County Tel No. 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) 8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ BRASMER DUM S/W. LIVESTOCK JONES PLACE NO Zip Code Zip Code AT RHOUS ROUS Tel No. County Tel No. County (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 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERAL (6)(6) VETERINARIAN C.Y. BRASMER 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. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16. 22. 23. Officia M - Male 18. 20. 21. Electronic Tube Age or F - Female Color Breed Tattoo/Brai I.D. No. DOB No. Tag G - Gelding N - Neuter Kin 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 28. RIGHT FORELIMB 27. LEFT FORELIME 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

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

SIGNATURE OF TECHNICIAN

ALBUQUERQUE, NM.

ALEUQUERQUE COGGINS LAB.

AGID

Negative Positive

35. REMARKS

ELISA

serial no. c0579243 1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING Show First Test **Export** Market Change of Ownership 4. GEOGRAPHIC INFORMATION VETERINARY LICENSE 6. TEST TYPE OR ACCREDITATION NO. XELISA SYSTEMS (GIS) N/A. Zip Code AGID LONG County Tel No. 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) 8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVES BRASMER DUM HONES PLACE 6 S/W. LIVESTOCK Zip Code Zip Code LOS LUNAS ALBIDHEROHE Tel No. County Tel No. County (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. 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN BRASMER DVN CERTIFICATION OF OWNER OR OWNER'S AGENT certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 23. M - Male 16. Official 18. 24. 21. 20. Electronic Tube Age or Sex F - Female Tattoo/Bra DOB 1.D. No. No. Tao G - Gelding N - Neuter 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. FOR LABORATORY USE ONLY 31. LABORATORY NAME/CITY/STATE 33. DATE REPORTED OUT 34. TEST RESULTS 32. DATE RECEIVED Negative Positive AGID ELISA ALBUQUERQUE COGGINS LAE. 36. SIGNATURE OF TECHNICIAN 35. REMARKS ALEUQUERQUE, NA.

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST					SERIAL NO.	211	1. ACCESSION	UMBER	2. DATE BLOOD DRAWN
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u S/W. LIVESTOCK . LOS LUNAS.	BULLIUM	Zip Code				JONES IQUERQUE		Zip Code	87120
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FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST SERIAL NO. 1. ACCESSION NUMBER DATE BLOOD DRAWN o0679245 (VS Memorandum 555.16) 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) Show First Test Export Market Change of Ownership Retest GEOGRAPHIC INFORMATION **VETERINARY LICENSE** 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. ELISA N/A. Zip Code AGID LONG County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRASHER DUM 6 S/W. LIVESTOCK AUCTION SOMO TONES PLACE NU Zip Code Zip Code 87120 Tel No. County County Tel No. CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above. 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME REDITED VETERINARIAN C.Y. ERASMER DVY 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. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16 Official 22. M - Male 20. 21. Electronic I.D. No. Tube Age of Color F - Female Tattoo/Brane Breed No. Tag G - Gelding 0,04 3 N - Neuter 130 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 FORELIME 28. RIGHT FORELIMB 29. LEFT HINDLIMB

ELISA Negative Positive AGID ALBUQUERQUE COGGINS LAB. SEGNATURE OF TECHNICIAN 35. REMARKS ALBUQUERQUE, MM.

30. RIGHT HINDLIMB

33. DATE REPORTED OUT

34. TEST RESULTS

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

FOR LABORATORY USE ONLY

32. DATE RECEIVED

31. LABORATORY NAME/CITY/STATE

serial No. 0679246 1. ACCESSION NUMBER

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@ S/W. LIVESTOCK				DNES PLACE NW	Zip Code	87120
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See reverse for more OMB informa	ation.				FC	ORM APPROVED - C	MB NUMBI	ER 0579	- 012	27
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35. REMARKS

36. SIGNATURE OF TECHNICIAN

ALBUQUERQUE, NM.

EQUINE INFECTIOUS	TMENT OF AGRICULTURE IT HEALTH INSPECTION SE S ANEMIA LABORA emorandum 555,16)		on 679248	1. ACCESSION NUMBER ACL. 12474	2. DATE BLOOD DRAWN			
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8. NAME AND ADDRESS OF OWNE	1167			OF VETERINARIAN (Please prin	nt or type)			
	K (Flease print or type)		C.Y. BRASMI		o, (ypo)			
DENNIS CHAVEZ	en more a contra		5900 JONES					
6 S/W. LIVESTOCK A			ALBUQUERQUE		87120			
LOS LUNAS.	Zip Code				REKING LIN			
Tel No.	County	NM.						
I certify the specin	CERTIFICA nen submitted with this	ATION OF FEDERALLY form was drawn by me		below on the date indicated				
10. SIGNATURE OF FEDERALLY ACCRE			11. TYPE OR PRINT SIGNATU C.Y. BRASMER		12. SIGNATURE DATE			
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that mave-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		and, to the best or my r	14. TYPE OR PRINT SIGNATU		15. SIGNATURE DATE			
	(S AGENT		14. TIPE OR PRINT SIGNATU					
16 Official 18.			20. 21.	22. Electronic	23. 24. M - Male			
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS 5 3 2 1								
			- Fetlock, 4 - Knee, 5 - Hock					
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27. LEFT FORELIMB			28. RIGHT FORELIMB					
29. LEFT HINDLIMB			30. RIGHT HINDLIMB					
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			ORY USE ONLY					
31. LABORATORY NAME/CITY/STATE	1	DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS	, š.,			
ALBUQUERQUE COGG		6113/10	6/13/11	Negative Positive	AGID ELISA			
ALBUQUEKQUE, NK.		SIGNATURE OF TECHNICIA (b)(6)	N / /	35. REMARKS				

Falsification of this form or knowingly using a falsified form is a comminal 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).

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE SERIAL NO. 1. ACCESSION NUMBER 2. DATE BLOOD DRAWN d0679249 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING Show First Test Export Market Change of Ownership Retest **GEOGRAPHIC INFORMATION VETERINARY LICENSE** 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO AXELISA N/A. Zip Code LAT: AGID LONG: County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRASMER TIVE S/W. LIVESTUCK AUCTION 5000 TONES PLACE NE Zip Code Zip Code 87126 ALKIIHIFKOUK Tel No. County Tel No. County 610-471 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. 12. SIGNATURE DATE 10. SIGNATURE OF FEDER (6)(6) TED VETERINARIAN 11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM CERTIFICATION OF OWNER OR OWNER'S AGENT examined this form and, to the best of my knowledge and belief, this form is true, correct and complete. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16 . Official 22. 23. M - Male 18. 20. 21. 24. Tube Electronic Age of DOB F - Female Tatto Color Breed I.D. No No. Tag G - Gelding 720170 Bu 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

ALBUQUERQUE, NM. Falsification of this form or knowingly using a falsified forming 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).

33. DATE REPORTED OUT

34. TEST RESULTS

35. REMARKS

Negative Positive

FOR LABORATORY USE ONLY

32. QATE RECEIVED

IGNATURE OF TECHNICIAN

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.

AGID

ELISA

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)			SERIAL NO.	1250	1. ACCESSION NUMBER ACL./2 476	2. DATE BLOOD DRAWN
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3. REASON FOR TESTING		irst Test			R STABLE/MARKET (Please	print or type)
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		- N/A-	71- 0-4	_
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_ DENNIS CHAVEZ				BRASME		
& S/W. LIVESTOCK		5900) JONES	PLACE NW.	· ·	
LOS LUNAS.	Zip Code			IQUERQUE		
Tel No.	County Nn			5) 610-		BERNALILLIO
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	ave examined this form and, to	o the best of my				
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR P	RINT SIGNATUR	RENAME	15. SIGNATURE DATE
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U.S. DEPARTMENT OF AGRICULTURE

SERIAL NO.

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	lemorandum 555.16)				ACL. 124		14.	3///
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3. REASON FOR TESTING	Show	First Test	7. NAME AND	ADDRESS OF	R STABLE/MARKET (F	lease prin	t or type)	
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4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE		N/6				
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8. NAME AND ADDRESS OF OWNE	3. NAME AND ADDRESS OF OWNER (Please print or type)				F VETERINARIAN (Plea	ase print o	or type)	
DENNIS CHAVEZ		220		BRASMER				
# S/W. LIVESTOCK	AUCTION.		5900	JONES I	PLACE NW.			
LOS LUNAS.	Zip Code			QUERQUE,		o Code	8/120	
Tel No.					4711 c	ounty	PEKNYI	وفالمفاطآة
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1. ACCESSION NUMBER

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3. REASON FOR TESTING	Show	First Test	7. NAME AND	ADDRESS OR ST	ABLE/MARKET	(Please prin	t or type)	,
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE [XXELISA						
LAT:		AGID		E/A.		Zip Code		
LONG:	1167	AGID	Tel No.			County	rtunal	
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DENAIS CHAVEZ	TOTAL A			BRASMER D		-		
6 S/W. LIVESTOCK A	Zip Code			JONES PLA		Zip Code	87120	
LOS LUNAS.	County	6		MERQUE. N 610-471		County	BERNAL T	
		OF FEDERALL		Marray				
I certify the specia	men submitted with this form	was drawn by me	from the horse	described below	v on the date in			
10. SIGNATURE OF FEL (b)(6)	D VETERINARIAN	-	11. TYPE OR PRI	NT SIGNATURE NA	ME	1	2. SIGNATURE	DATE
			C.Y. BR	ASMEK DVM		·	6/13/	<u> </u>
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serial no. q0679253 1. ACCESSION NUMBER

(VS M	emorandum 555.16)		40010200	acr 129	79 6/13/11			
Forms Without Adequate	Descriptions Of The Ho	rse and Comp	lete Addresses Includir t Be Processed.	ng Zip Codes, Cou	inties, and Telephone			
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. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE						
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LONG:	1167	AGID	Tel No. County					
B. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS C	OF VETERINARIAN (Plea	ase print or type)			
DENNIS CHAVEZ			C.Y ERASME	OR DVM				
@ S/w. LIVESTOCK			5900 JONES		- Code			
LOS LUNAS.	Zip Code		AI RUQUERQUE	3 20	p Code 871'2()			
Tel No.		M	Tel No. (505) 610-	<u> 4/11 </u>	DELETE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL			
I certify the specir	CERTIFICATION men submitted with this form			below on the date inc				
10. SIGNATURE OF FEDERALLY ACCRI	EDITED VETERINARIAN	,	11. TYPE OR PRINT SIGNATURE C.Y. BRASMER		12. SIGNATURE DATE			
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13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR PRINT SIGNATU	RE NAME	15. SIGNATURE DATE			
16. Official 18.	19.		20. 21.	22. Electronic	23. 24. M - Male			
No. Tao Tattog		1141 141 141 141 <u> </u>	Color Breed	I.D. No.	DOB Sex F-Female			
9:			Bay Paint	- 1	4 G N - Neuter			
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			PTION AND REMARKS					
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		FOR I ABORA	TORY USE ONLY					
31. LABORATORY NAME/CITY/STATE	32. DATE	RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS				
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SERIAL NO. 0679254

1. ACCESSION NUMBER

	S ANEMIA LABORATOR' Memorandum 555.16)	YTEST	00013634	AC) . /2	480 1	6/13/16	
Forms Without Adequate	Descriptions Of The Hor Nur	se and Comp	lete Addresses Includ t Be Processed.			d Telephone	
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE			· ·		
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LONG:	1167	AGID	Tel No.		County		
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS	OF VETERINARIAN	(Please print or t)	(pe)	
DENNIS CHAVEZ			C.Y. BRASM				
@ S/W. LIVESTOCK	AUCTION. Zip Code	·	5900 JONES		Zip Code	87120	
LOS LUNAS. Tel No.	Towner.		Tel No. (505) 610	-4711	Tall	ERNALE IN	
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I certify the speci	men submitted with this form v				e indicated abo	ve.	
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31. LABORATORY NAME/CITY/STATE	32. DATE R		33. DATE REPORTED OUT	34. TEST RESULTS			
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Falsification of this fo	rm or knowingly using a fais imprisonment for	iified foi <mark>ll</mark> not more thần 5	nal offense and may years or both (U.S.C. Se	result in a fine of ction 1001).	not more than	\$10,000 or	

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1. ACCESSION NUMBER

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Forms Without Ade	quate Descriptions O	f The Hors Num	e and Comp	lete Addresse Be Processe	es Including ed.	Zip Codes, C	Counties,	and Tele	phone
3. REASON FOR TESTING	Sho		st Test			STABLE/MARKE	T (Please p	rint or type)	
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICE OR ACCREDITATION		6. TEST TYPE				***************************************		
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LONG:	116	J	AGID	Tel No.			County		
8. NAME AND ADDRESS OF	OWNER (Please print or typ	e)		9. NAME AND	ADDRESS OF	VETERINARIAN	(Please prin	f or type)	
DENNIS CHAVEZ									
@ S/W. LIVESTO				4	JOKES P.				
LUS LUNAS.	Zip Cod	e .			QUERQUE,		Zip Code	8/120	
Tel No.	County	514.		Tel No. (50	5) 610-4	711	County	BERNAL	
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			as drawn by me		RINT SIGNATURE		marcated	12. SIGNATU	IRE DATE
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I certify t	hat Mave examined this					m is true, correc	t and comp	olete.	
13. SIGNATURE OF OWNER OF					RINT SIGNATURI			15. SIGNAT	URE DATE
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16 Official 18.		19		20.	21.	22.		23. 24.	M - Male
Tube No. Tag Tattoo/B				Color	Breed	Electronic I.D. No.		ge or Sex	F - Female
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31. LABORATORY NAME/CITY	//STATE	32. DATE RE		33. DATE REPOR		4. TEST RESULTS		**************************************	
	2	11	21/1	1.110	110	Negative	Positive	AGID	☐ ELISA
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Falsification of t	his form or knowingly u imprisor	ising a falsi iment for n	fled rorm is a cot more than 5	riminal offens	e and may re (U.S.C. Secti	sult in a fine of on 1001).	not more	than \$10,00	00 or

See reverse for more OMB informa	tion.				FO	RM APPROVED - 0	OMB NUMB	ER 057	9 - 01	27
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)				SERIAL NO.	256	1. ACCESSION N	UMBER	2. DA	TE BL	.00D
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3. REASON FOR TESTING		Show	First Test	7. NAME AND	ADDRESS OF	R STABLE/MARKE	T (Please p	rint or ty	pe)	
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINAR OR ACCRED	Y LICENSE DITATION NO.	6. TEST TYPE		W/A.	······				
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8. NAME AND ADDRESS OF OWNER	K (Please print	or type)		200 140.00			riease priin	i or type	,	
DENNIS CHAVEZ © S/W. LIVESTOCK A	HOTO CO				BRASMET	- N				
LOS LUNAS.		p Code			DUEROUE.	ACE NW.	Zip Code	87	1:0	}
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10. SIGNATURE OF FEDE (b)(6)	DITED VETERIN	IARIAN		11. TYPE OR PR				12. SIG	NATU	RE DATE
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			to the best of my			rm is true, correct	and comp			
13. SIGNATURE OF OWNER OR OWNER		. 14. TYPE OR PR	INT SIGNATUR	E NAME		15. SK	SNATU	URE DATE		
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29. LEFT HINDLIMB	T1-			30. RIGHT HINDLIN	IB					
		v.	EOD LABORA	TORY USE ONL						
31. LABORATORY NAME/CITY/STATE	-	32. DATE		33. DATE REPORT		4. TEST RESULTS		300		Amen Second 1 (1-2) of the least
ALBUQUERQUE COGGIN		1/11	3/16	6/12/			Positive	∏ AG	iiD .	ELISA
ALBUQUERQUE, KM.		36. SIGNA	TURE OF TECHNICIA	N P		5. REMARKS		11		Annual Control

ALBUQUERQUE, NY.

	NAME OF TAXABLE PARTY.		- Westerstein -		- 100				
	MENT OF AGRICULTUR			SERIAL NO.		1. ACCESSION NUM	BER		E BLOOD
EQUINE INFECTIOUS	HEALTH INSPECTION ANEMIA LABOR		TEST	a0679	3257		, ~ ~,	UKA	AWN
(VS Men	norandum 555.16)					ACL /29	25	(a)	115/12
Forms Without Adequate Do	escriptions Of 1	he Hors	se and Compl bers Will Not	lete Address t Be Process	es Includin ed.	g Zip Codes, Cou	inties,	and 7	elephóne
3. REASON FOR TESTING	Show	Fi	rst Test	7. NAME AND	ADDRESS O	R STABLE/MARKET (F	lease pr	int or typ	oe)
Market Change of Owne	ership Retest	S/E	kport						
	VETERINARY LICENS		6. TEST TYPE						
SYSTEMS (GIS) LAT:	OR ACCREDITATION	NO.	XXELISA		N/A.	Zi	p Code		
LONG:	1167	6	AGID	Tel No.		C	ounty		
8. NAME AND ADDRESS OF OWNER ((Please print or type)			9. NAME AN	ADDRESS O	F VETERINARIAN (Ple	ase print	or type)	
DENNIS CHAVEZ		O market to be a second of the		C_Y	RRASME	i Duk			
@ S/W. LIVESTOCK AU	CTION.			590) IOMES	DIACE EN			
LUS LUNAS.	Zip Code				MISSOUE	7:	p Code	87	126
Tel No.	County	NM		Tel No. (5)	05) 610-	4711 C	ounty	BES	estimate Trans.
	CERTIFIC		OF FEDERALLY	ACCREDITE	D VETERINA	RIAN		DO ADAMA	1 7 9 9 400 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I certify the specime	n submitted with th	is form w	as drawn by me	from the horse	described	below on the date inc	licated	above.	
10. SIGNATURE OF FEDERALLY ACCREDIT	TED VETERINARIAN			11. TYPE OR P	RINT SIGNATUR	RE NAME		12. SIGI	NATURE DATE
(b)(6)				C.Y.	BRASMER	IVM.		6	113/1
	CI	RTIFICA	TION OF OWN					,	, ,
I certify that	ed this for	m and, to	the best of my	knowledge and	belief, this fo	orm is true, correct ar	id comp	olete.	
13. SIGNATURE OF OWNER OR OWNER'S	AGENT	-		14. TYPE OR F	RINT SIGNATUR	RE NAME		15. SIG	NATURE DATE
16. Official 18.		18	D 98891 SINT HINE	20.	21.	22. Electronic			24, M - Male
No. Tag Tattog				Color	Breed	1.D. No.		ОВ	Sex F - Female G - Gelding
				Q.A	full el			/	A Neuter
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		1 - Core	net, 2 - Pastern, 3	- Fetlock, 4 - Kno	e, 5 - Hock				
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25. HEAD				26. OTHER MARK	S AND BRANDS		\	111	
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29. LEFT HINDLIMB		•		30. RIGHT HINDL	IMB				
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31. LABORATORY NAME/CITY/STATE	1.	DATE RE		33. DATE REPOR	TED OUT	34. TEST RESULTS			
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ALBUQUERQUE, NM.	3	5./ SIGNAT	URE OF TECHNICIA	N 7 7		35. REMARKS			
			(b)(6)						
4									192.30

See reverse for more OMB informa	ition.		F	ORM APPROVED - O	MB NUMBER (3579 - 0127
EQUINE INFECTIOUS	RETMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE S ANEMIA LABORATOR Jemorandum 555.16)	RY TEST	SERIAL NO. 0679258	1. ACCESSION N		DATE BLOOD DRAWN
Forms Without Adequate	Descriptions Of The Ho	rse and Complembers Will Not	ete Addresses Includi Be Processed	ng Zip Codes, C	ounties, an	d Telephone
3. REASON FOR TESTING		First Test	7. NAME AND ADDRESS	OR STABLE/MARKET	(Please print c	or type)
Market Change of Ow		Export	T. HAME AND HER			- XF-2
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE		,		
SYSTEMS (GIS)	OR ACCREDITATION NO.	XXELISA	N/A.		7in Codo	
LAT: LONG:		AGID			Zip Code	
	1167		Tel No.		County	.,
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS	OF VETERINARIAN (F	Please print or t	ype)
DENNIS CHAVEZ			C.Y. BRASM	ER DVM.		
@ 5/w. LIVESTOCK A			5900 TONES	PLACE NW.	<u> </u>	
LOS LUNAS.	Zip Code		AL BHODEROU	NM.	Zip Code	87120
Tel No.	County		Tel No. (505) 610-	-4711	County B	EKNALILI:
Loorlify the energy		OF FEDERALLY	ACCREDITED VETERIN		indicated abo	2/2
		was drawn by me				SIGNATURE DATE
10. SIGNATURE OF FEDERAL (b)(6)	VETERINARIAN		11. TYPE OR PRINT SIGNATI	JRE NAME	12.	SIGNATURE DATE
			C.Y. BRASMER	DVM.		0/13/16
			ER OR OWNER'S AGENT			. /
I certify that I ha	ave examined this form and,	to the best of my k	mowledge and belief, this	form is true, correct	and complete).
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR PRINT SIGNAT	URE NAME	15.	SIGNATURE DATE
16 . Official						
Tube	H HIA HIN HIN HIN HIN HIN HOW AND AND A See HOR HI	NS ALUM DEM FRE	20. 21.	22. Electronic	23. Age or	24. M - Male Sex F - Female
No. Tag Tatte		11	Color Breed	I.D. No.	DOB	G · Gelding
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		FOR LABORAT	ORY USE ONLY			
31. LABORATORY NAME/CITY/STATE	32. DATE F		33. DATE REPORTED OUT	34. TEST RESULTS		
ence the last test of the	. //	13/11	6/12/11		Docitivo -	AGID TELISA
ALBUQUERQUE COGGIN		TIPE OF TECHNOLO	0/12/10		Positive	AGID TA ELISA
ALBUQUERQUE, NM.	Jo. SyGNA	(b)(6)		35. REMARKS		

See reverse for more OMB inform	nation.		F	ORM APPROVED - OMB NUM	BER 0579 - 0127		
EQUINE INFECTIOU	ARTMENT OF AGRICULTURE ANY HEALTH INSPECTION SERVICE JS ANEMIA LABORATORY Memorandum 555.16)	/ TEST	o0679259	1. ACCESSION NUMBER. ACL. / 2 485	2. DATE BLOOD DRAWN		
Forms Without Adequate	Descriptions Of The Hor		lete Addresses Includir t Be Processed.		,		
REASON FOR TESTING Market Change of O	Show F	irst Test		OR STABLE/MARKET (Please	print or type)		
. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE	N/3				
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO.	AELISA	277.4.4	Zip Code			
LONG:	1167	AGID	Tel No.	County			
B. NAME AND ADDRESS OF OWNE	ER (Please print or type)		9. NAME AND ADDRESS O	OF VETERINARIAN (Please pri でしている	nt or type)		
DENNIS CHAVEZ 6 S/W. LIVESTOCK	AUCTION.		5900 JONES				
LOS LUNAS.	Zip Code		ALBUQUERQUE		87120		
Tel No.	County NY	•	Tel No. (505) 610-	4711 County	BERHALILLO		
I certify the speci	CERTIFICATION (imen submitted with this form w		Y ACCREDITED VETERINA from the horse described		i above.		
10. SIGNATURE OF FEDERALLY AC)(6)		11. TYPE OR PRINT SIGNATU	RE NAME	12. SIGNATURE DATE		
	,,,(=)		C.Y. BRASMER	bVri.	16/13/11		
l certify that up			ER OR OWNER'S AGENT	orm is true correct and com	nolete		
I certify that a nave examined this form and, to the best of my knowledge and belief, this form is true, correct and complete. 3. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DATE							
14. TYPE OR PRINT SIGNATURE NAME							
16. Official 18. Tube No. Tag Tattoo/B			20. 21., Color Breed	22. Electronic I.D. No.	23. 24. M - Male F - Fernale G - Gelding		
	9851700003134	70	ging que to		M N - Neuter		
Å.	SHOW ALL SIGNIFICA	NT MARKING	SS, WHORLS, BRANDS	, AND SCARS			
	3 2 1 - Core	onet, 2 - Pastern, 3	5 3 2-Fetlock, 4 - Knee, 5 - Hock PTION AND REMARKS	3 2			
25. HEAD			26. OTHER MARKS AND BRAND	.			
27. LEFT FORELIMB			26. RIGHT FORELIMB				
29. LEFT HINDLIMB	-01		30. RIGHT HINDLIMB				

Negative Positive ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM. SIGNATURÉ OF TECHNICIAN 35. REMARKS

33. DATE REPORTED OUT

34. TEST RESULTS

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

FOR LABORATORY USE ONLY

32. DATE RECEIVED

31. LABORATORY NAME/CITY/STATE

AGID

ELISA

	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE		SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD
EQUINE INFECTIOUS	S ANEMIA LABORATORY demorandum 555.16)	TEST	∞ 0679260	ACL. 12486	DRAWN
Forms Without Adequate	Descriptions Of The Hors		lete Addresses Including		, and Telephone
3. REASON FOR TESTING		rst Test		R STABLE/MARKET (Please p	orint or type)
Market Change of Ov	vnership Retest SE	kport			The second secon
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	N 7.6		
LAT:	OR ACCREDITATION NO.	MELISA	***	Zip Code	
LONG:	1167	AGID	Tel No.	County	
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS O	F VETERINARIAN (Please prin	nt or type)
DENNIS CHAVEZ			C.Y. BRASMEI		
@ S/W. LIVESTOCK A			5900 JONES I		
LCS LUNAS.	Zip Code		ALBUQUERQUE		
Tel No.	County NO.		Tel No. (505) 610-4	4/11 County	Markey Libert
Loortify the proci	CERTIFICATION (men submitted with this form w		Y ACCREDITED VETERINA		ahova
		as drawn by me	11. TYPE OR PRINT SIGNATUR		12. SIGNATURE DATE
10. SIGNATURE OF FEDEr (b)(6)	U VETEKINARIAN		C.Y. BRASHER I		6.713776
	CERTIFICA	TION OF OWN	ER OR OWNER'S AGENT		
I certify that I'm	ave examined this form and, to			rm is true, correct and com	plete.
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR PRINT SIGNATUR	RE NAME	15. SIGNATURE DATE
16. Official 19				22.	23. 24. M - Male
Tube No. Tag Tattoo			20. 21. Color Breed		ge or Sex F · Female
			Mex Affelior	₹	G - Gelding
,9	8517000036416	2	D 2		La C. N. Neuter
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	NARR.	ATIVE DESCRI	PTION AND REMARKS		
25. HEAD		3100004FF	26. OTHER MARKS AND BRANDS		
27. LEFT FORELIMB			28. RIGHT FORELIMB		
	1.6.A. Z		. Co	wil	
29. LEFT HINDLIMB	1 T		30. RIGHT HINDLIMB		
		FOR LABORAT	TORY USE ONLY		
31. LABORATORY NAME/CITY/STATE				4. TEST RESULTS	
ALBUQUEAQUE COGGI	NS LAB. 6/1	3//0	6/13/10	Negative Positive	AGID ELISA
ALBUQUERQUE, NM.	36. SIGNATE	ure o (b)(6)	3	S. REMARKS	
Falsification of this for	rm or knowingly using a falsi	fied form rava o	inal offense and may re	sult in a fine of not more	than \$10,000 or
	imprisonment for n	iot more than 5	years or both (U.S.C. Sect	וסח זעטד).	

See reverse for more OMB information	U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST			FOF	RM APPROVED - O	MB NUMBER	R 0579 - 01	27		
ANIMAL AND PLA EQUINE INFECTIOU	NT HEALTH INSPECTION SERVICE		serial no. q0679		1. ACCESSION NU		DATE B DRAWN			
Forms Without Adequate	Descriptions Of The H	orse and Comp umbers Will No	lete Addresse t Be Processe	es Including	Zip Codes, Co	ounties, a	nd Tele	phone		
3. REASON FOR TESTING	Show	First Test			STABLE/MARKET	(Please prin	t or type)			
Market Change of Ov	vnership Retest	Export								
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE								
LAT:	OR ACCREDITATION NO.	XXELISA	Zip Code							
LONG:	1167	AGID	Tel No. County							
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS OF	VETERINARIAN (F	Please print o	r type)			
DENNIS CHAVEZ	·			BRASMER						
W S/W LIVESTOCK A				JONES P		Zip Code	0714	,		
Tel No.	Zip Code County			ODERQUE.	INC)		87120			
16,140.		M. OF FEDERALLY		5) 610-4		County	BERNA	<u>فنيداد گير.</u>		
certify the specia	CERTIFICATIOn men submitted with this form	ON OF FEDERALL' m was drawn by me				ndicated at	oove.			
10. SIGNATURE OF FEDERALLY ACCE	**************************************			RINT SIGNATURE			2. SIGNATU	IRE DATE		
(b)(6)			C.Y. B	RASMER D'	VM.		611	3/1/		
	ICATION OF OWN					7				
I certify tnac in	, to the best of my	knowledge and	belief, this for	m is true, correct	and comple	ete.				
13. SIGNATURE OF OWNER OR OWNER		14. TYPE OR PRINT SIGNATURE NAME 15. SIGNA					URE DATE			
16. Official 18.		**************************************	20.	21.	22.	23		M - Male		
Tube No. Tao Tattoo/Br			Color	Breed	Electronic 1.D. No.	Age DO	or Sav	1		
	98517000037	2323	ליי לי	guriel Larse	·	3	F	G - Gelding N - Neuter		
	SHOW ALL SIGNIFI	CANT MARKING	S, WHORLS,	BRANDS,	AND SCARS					
4	3	5		5 3 2		3 2	1			
		Coronet, 2 - Pastern, 3			*					
25. HEAD /	NA NA	RRATIVE DESCRI	PTION AND RE 26. OTHER MARKS			5555 5				
STIN	<u> </u>		28. OTHER MARKS	S AND BRANDS						
27. LEFT FORELIMB		*	28. RIGHT FORELIMB					AT 001530000		
29. LEFT HINDLIMB		,	30. RIGHT HINDLIMB							
		FOR LABORAT	ORY USE ONL	Υ.Υ			,			
31. LABORATORY NAME/CITY/STATE	32. DAŢI	E RECEIVED	33. DATE REPORT		TEST RESULTS					

ALEUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

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

2. DATE BLOOD DRAWN

(VSI	Memorandum 555.16)		distributed in	ACL. 12	188 6/1-	2/10
Forms Without Adequate	Descriptions Of The Hors Num	se and Comp nbers Will No	lete Addresses Includir t Be Processed.		ounties, and Tele	phone
3. REASON FOR TESTING	Show Fi	rst Test	7. NAME AND ADDRESS C	R STABLE/MARKET	(Please print or type)	
Market Change of O	wnership Retest ZE	xport				
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	A11:	YCOO SCOON HAIR		
LAT:	OR ACCREDITATION NO.	[A]ELISA	67.63	1	Zip Code	
LONG:	1167	AGID	Tel No.		County	
8. NAME AND ADDRESS OF OWN	ER (Please print or type)		9. NAME AND ADDRESS (OF VETERINARIAN (P	lease print or type)	
DENNIS CHAVEZ			C.Y. BRASME	R DVI.		
@ S/W. LIVESTOCK			5900 JONES			
LOS LUNAS.	Zip Code		ALBUQUERQUE	4 14 14 1	Zip Code 8712	
Tel No.	County NE			11.22	County SERNA	LIMA
certify the speci	CERTIFICATION (men submitted with this form w	OF FEDERALLY as drawn by me		below on the date in		
10. SIGNATURE OF FEDER (b)(6)	TED VETERINARIAN		11. TYPE OR PRINT SIGNATU C.Y. BRASMER	-	12. SIGNATI	3///
	CERTIFICA	TION OF OWN	ER OR OWNER'S AGENT			f
l certi	e examined this form and, to	the best of my				LIDE DATE
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR PRINT SIGNATU	RE NAME	15. SIGNAT	UKE DATE
16. Official 18				22.	23. 24	M - Male
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			PTION AND REMARKS			
25. HEAD	5-10		26. OTHER MARKS AND BRAND	S .		
27. LEFT FORELIMB	, , , , , , , , , , , , , , , , , , , ,		28. RIGHT FORELIMB			
29. LEFT HINDLIMB		-	30. RIGHT HINDLIMB	met		
		FOR LABORA	TORY USE ONLY			
31. LABORATORY NAME/CITY/STAT	E 32, DATE RE	ECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS		
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See reverse for more OMB information	ation.	v		FO	RM APPROVED - O	MB NUMBI	ER 0579 -	0127
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3. REASON FOR TESTING Market Change of Ov	Show F	irst Test			R STABLE/MARKET	(Please pr	int or type)	į
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		K/A.		Zip Code		
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8, NAME AND ADDRESS OF OWNE					VETERINARIAN (P	Please print	or type)	
DENNIS CRAVEZ	AAAATTA		C.V.	BRASNE				
6 S/W. LIVESTOCK LOS LUNAS.	Zip Code				PLACE NU	Zip Code	871	****
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	A.Y.		1 7.70		*/		REEN	ALITTI.
I certify the speci	CERTIFICATION of men submitted with this form was considered with the constant of the constant					ndicated :	above.	
10. SIGNATURE OF FEDER (b)(6)) VETERINARIAN		11. TYPE OR PR	RINT SIGNATUR	E NAME	1	12. SIGNA	TURE DATE
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the same of the sa	ave examined this form and, to	o the best of my k				and comp		
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT	Α.	14. TYPE OR PE	RINT SIGNATUR	E NAME		15. SIGNA	ATURE DATE
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25. HEAD	guine Miller		26. OTHER MARKS	AND BRANDS				
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	part property and part of the	FORLARODAT	ORY HEE CHIL	34				

33. DATE REPORTED OUT

34. TEST RESULTS

Negative Positive
35. REMARKS

32. DATE RECEIVED

13/10

36. SIGNATURE OF TECHNICIAN (b)(6)

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

ELISA

AGID

ANIMAL AND PLAN	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE	(4)	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
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Forms Without Adequate	Descriptions Of The Hors Num	e and Compl bers Will Not	ete Addresses Includin Be Processed.	g Zip Codes, Counties	, and Teléphone
. REASON FOR TESTING		st Test	7. NAME AND ADDRESS OF	R STABLE/MARKET (Please)	print or type)
Market Change of Ow GEOGRAPHIC INFORMATION	nership Retest Ex	port 6. TEST TYPE	<u> </u>		
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. NAME AND ADDRESS OF OWNE			9. NAME AND ADDRESS OF	F VETERINARIAN (Please prin	nt or type)
DENNIS CHAVEZ		12	C.Y. BRASMER	DVM.	
e S/W. LIVESTOCK A			5900 JONES F	31 0.4.	1.72 t C2.63
LOS LUNAS.	Zip Code County MAE	······································	ALBUQUERQUE. Tel No. (505) 610-4		0/12
lei No.	272.4	C CEDEDALLY	Tel No. (505) 610-4 ACCREDITED VETERINA	7,4.4	BERNALTIAL
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10. SIGNATURE OF FEDERALD (6)(6)	VETERINARIAN		11. TYPE OR PRINT SIGNATUR	ENAME	12. SIGNATURE DATE
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13. SIGNATURE OF OWNER OR OWNER	R'S AGENT	33333	14. TYPE OR PRINT SIGNATUR	RE NAME	15. SIGNATURE DATE
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No. Tag Tattoo/			Color Breed	I.D. No.	DOB G - Gelding
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ALBUQUERQUE COGGIN		JRE OF TECHNICIA	6/13/10	Negative Positive	AGID ELISA
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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

SERIAL NO.

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

	S ANEMIA LABORATOR' femorandum 555.16)	Y TEST	QU 6 / 92	265	ACT // S	: (.3	6118	116
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	K (Please print or type)					Toase pint	or type)	
DENNIS CHAVEZ © S/W. LIVESTOCK	ANTONE CONT			RRASMEN I				
LOS LUNAS	Zip Code			TONES DLA DEROUE N		Zip Code	8712	
Tel No.	County			610-471		County	BELLEVA	
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10. SIGNATURE OF FEDERALLY ACCR		,,,,,,	11. TYPE OR PRINT				12. SIGNATU	RE DATE
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	CERTIFIC	ATION OF OWN	ER OR OWNER'S				77	7
l certi	amined this form and, to				s true, correct	and comp	lete.	TO THE OWNER WATER
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR PRIN	T SIGNATURE NA	ME		15. SIGNATI	JRE DATE
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4	1 - Cor	onet, 2 - Pastern, 3	Fetlock, 4 - Knee, 5	5 - Hock		3 2		
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		FOR LABORAT	ORY USE ONLY		, and the second se			PROPERTY
31. LABORATORY NAME/CITY/STATE	32. DATER	ECEIVED	33. DATE REPORTED	OUT 34, TI	EST RESULTS	F-1		
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See reverse for more OMB informa	ation.			FO	RM APPROVED	- OMB NUM	BER 057	9 - 01	27
	RTMENT OF AGRICULTURE		SERIAL NO.		1. ACCESSIO	NUMBER	2. DA		.OOD
EQUINE INFECTIOUS	NT HEALTH INSPECTION SERVICE S ANEMIA LABORATOR'	Y TEST	20679	266			DR	AWN	~~ ; <i>~</i> ~
	femorandum 555.16)	2 750 250			ACL.	1564	8	//	2/10
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DENNIS CHAVEZ				BRASME					.,
@ S/W. LIVESTOCK					PLACE NW.		5	712	
LOS LUNAS. Tel No.	Zip Code		1 2 5	QUERQUE		Zip Code County			1.11.11
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I certify the specin	CERTIFICATION men submitted with this form v					ate indicated	above	į.	
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No. Tag Tatto			Color	Breed	1,D, No		DOB	Sex	G - Gelding
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<u> </u>		EOD LABORAT	BORATORY USE ONLY						
31. LABORATORY NAME/CITY/STATE	32. DATE R		33. DATE REPORT		4. TEST RESULTS	3			

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

ELISA

See reverse for more OMB informa	ation.			FO	RM APPROVED - OM	BNUMB	ER 057	9 - 01	27
ANIMAL AND PLAN	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE S ANEMIA LABORATORY	TEST	9067926	7	1. ACCESSION NUM		DR	AWN	
	lemorandum 555.16)	TEST:	0001020	•	ACT 1150	65	6	11	3/1/
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3. REASON FOR TESTING		rst Test	7. NAME AND ADDRE	SS OF	STABLE/MARKET	Please pr	rint or t	/pe)	
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE							
LAT:		₩ ELISA	N/A.	•	Zi	ip Code			
LONG:	1167	AGID	Tel No.			County			
8. NAME AND ADDRESS OF OWNER	R (Please print or type)		9. NAME AND ADDRE	ESS OF	VETERINARIAN (Ple	ase print	or type	*)	
DENNIS CHAVEZ			C V BPA	SHED	DWM				
W S/W. LIVESTOCK A	IICTTONZip Code		590G JONE	75 p		ip Code			
LOS LUNAS. Tel No.	Icounty		AT BUQUERO	Separate de	- Nava - 1 -	ounty	87	1120	1
Terro.	N ₆₀		Tel No. (505) 61			ounty	BUI	HAL	11.0
I certify the specin	CERTIFICATION C men submitted with this form wa		Y ACCREDITED VETE from the horse descr			dicated	above		
10. SIGNATURE OF FEDERALL (b)(6)	ETERINARIAN		11. TYPE OR PRINT SIG	NATURE	NAME		12. SI	NATU	RE DATE
			C.Y. RRASMI	CR D	VM .		6	11	3/10
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l certify t	mined this form and, to	the best of my				nd comp			
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No. Tag Tattoo				eed	Electronic I.D. No.		e or OB	Sex	F - Female G - Gelding
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	SHOW ALL SIGNIFICA		S. WHORLS, BRAN						
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29. LEFT HINDLIMB	and the same of th		39. RIGHT HINDLIMB				***********		
		FOR LABORAT	TORY USE ONLY						
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORTED OUT	34	I. TEST RESULTS	_			

ALBUQUERQUE, NK.

ALBUQUERQUE COGGINS LAB.

Negative Positive

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

on 679268

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

(VS Memorandum 555.16) 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) Show First Test Market Change of Ownership Retest Export 4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. MELISA Zip Code LAT: LONG AGID Tel No. County 1167 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. DENNIS CHAVEZ 5900 JONES PLACE NW. S/W. LIVESTOCK AUCTION Zip Code 87120 LOS LUNAS Zip Code ALBUOUEROUE. Tel No. County BERNALI County Tel No. (505) 610-4711 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 11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATE 10. SIGNATURE OF FEDERAL ED VETERINARIAN C.Y. BRASMER 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. Official 22. 23. 18. M - Male 24. Electronic Age or Tattoo/E Color Breed Sex F - Female No Tag DOB I.D. No. G - Gelding AUCH N - Neuter LUISE 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 26. RIGHT FORELIMB 29. LEFT HINDLIMB 30. RIGHT HINDLIMB FOR LABORATORY USE ONLY

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).

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

A-ELISA

34. TEST RESULTS

35. REMARKS

Negative Positive

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555 16)

serial no. a0679269 1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

	S ANEMIA LABORATO Memorandum 555.16)	RY TEST	ang 19269	ACL.//567	6/13/10
Forms Without Adequate	Descriptions Of The H	orse and Comp	lete Addresses Includ		7 7 7 7
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Market Change of O	Show Show	First Test	7. NAME AND ADDRESS	OR STABLE/MARKET (Pleas	e prim or type)
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE			
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LONG:	1167	AGID	Tel No.	Count	У
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS	OF VETERINARIAN (Please)	orint or type)
DENNIS CHAVEZ			U.Y. BRASM	TOTAL	
@ S/W. LIVESTOCK	Zip Code		5900 JONES		do 0711.0
LOS LUNAS. Tel No.	18	***	Tel No. (505) 610	-4711 Count	
		N OF FEDERALL	Y ACCREDITED VETERIA	10000	DERICA
l certify the speci	men submitted with this form				ed above.
10. SIGNATURE OF FEDERALLY ACCE	EDITED VETERINARIAN	·····	11, TYPE OR PRINT SIGNAT	URE NAME	12. SIGNATURE DATE
(b)(6	,	_	C.Y. BRASMER	DVM.	6/13/11
			IER OR OWNER'S AGEN		
	ave examined this form and	, to the best of my			
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR PRINT SIGNAT	TURE NAME	15. SIGNATURE DATE
16. Official 10				22.	23. 24 M - Male
Tube No. Tag Tattor			20. 21. Color Breed	Electronic I.D. No.	Age or Sex F - Female
			Salle 400 +	e/	G - Gelding
,9	851700003062	269	13000		3 F N - Neuter
	3	5	5	3 2	
			3 - Fetlock, 4 - Knee, 5 - Hock IPTION AND REMARKS		
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29. LEFT HINDLIMB	Sect		30. RIGHT HINDLIMB		
	70	FOR LABORA	TORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE	RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS	
ALBUQUERQUE COGGI	AS LAB. 6/	13/10	6/13/10	Negative Positive	AGID 🔯 ELISA
ALBUQUERQUE, NM.	36. / \$IG	(b)(6)	AN	35. REMARKS	
			,		
Falsification of this fo	rm or knowingly using a fo imprisonment fo	alsifle d form is a or not more than	criminal offense and may 5 years or both (U.S.C. Se	result in a fine of not mo ection 1001).	re than \$10,000 or

U.S. DEPARTMENT OF AGRICULT ANIMAL AND PLANT HEALTH INSPECTIO EQUINE INFECTIOUS ANEMIA LAB	TEST	SERIAL NO. 1. ACCESSION NUMBER 2. DATE BLOODRAWN						
(VS Memorandum 555.16)			•	ACL. //		6/	F3/70	
Forms Without Adequate Descriptions O	se and Compl bers Will Not			g Zip Codes, C	counties,	, and To	elephone	
3. REASON FOR TESTING Sho Market Change of Ownership Rete	v 🔲 Fir	rst Test			R STABLE/MARKE	T (Please p	rint or typ	е)
4. GEOGRAPHIC INFORMATION 5. VETERINARY LICE	NSE	6. TEST TYPE	1	N/A.				
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8. NAME AND ADDRESS OF OWNER (Please print or typ DENKIS CHAVEZ	e) 		Ç.Y.	BRASME		(Please prin	t or type)	
@ S/W. LIVESTOCK AUCTION.					LACE NW.		87	lżo
1.OS T.IINAS. Zip Cod				QUERQUE		Zip Code		NALIZZE
Tel No. County		· · · · · · · · · · · · · · · · · · ·	Tel No. (50			County	Driv.	. (* hb.)
CERTI I certify the specimen submitted with		OF FEDERALLY as drawn by me	from the horse	described l	pelow on the date	indicated		
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN			C.Y. B	RASMER			12. SIGN	ATURE DATE
I certify that I have examined this		TION OF OWNE			rm is true, correct	t and comp	olete.	7
13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR P					NATURE DATE
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Sach			S. NON HAULI	- C.		2.)		
30-1-	1	FOR LABORAT	ORY USE ON	V V	<u> </u>			
31. LABORATORY NAME/CITY/STATE	32. DATE REC		33. DATE REPORT		4. TEST RESULTS			
ALBUQUERQUE COGGINS LAB.		3/10	6/13/	2000-200 000000000000000000000000000000	Negative	Positive	☐ AGI	D TELISA
ALBUQUERQUE, AM.		(b)(6)	111111111111111111111111111111111111111		35. REMARKS		ha-od	Land de la constant d

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information DATE BLOOD SERIAL NO. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. ACCESSION NUMBER DRAWN o0679271 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING First Test Show Export Market Change of Ownership Retest GEOGRAPHIC INFORMATION **VETERINARY LICENSE** 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. XXELISA N/A. Zip Code LAT: AGID County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEL REASNER DIG LIVESTOCK AUCTION @ S/W. SOUD TONES PLACE NU Zip Code Zip Code 87120 THNAS VI. RIIOHFROME Tel No. County Tel No. County 610 - 47CERTIFICATION 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 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN BRASHER 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. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16 . Official 22. 23 M - Male 18. 20. 21. Electronic Age or DOB Tub Breed Sex - Female Color Tattoo/Brand No. Tag G - Gelding Bau N - Neuter ALL SIGNIFICANT MARKINGS, WHORLS, BRAÑDS, AND SCARS 1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock NARRATIVE DESCRIPTION AND REMARKS 26. OTHER MARKS AND BRANDS 28. RIGHT FORELIMB

25. HEAD

27. LEFT FORELIMB 29. LEFT HINDLIMB

30. RIGHT. HINDLIMB

FOR LABORATORY USE ONLY

32. DATE RECEIVED 33. DATE REPORTED OUT

SIGNATURE OF TECHNICIAN

34. TEST RESULTS

Negative Positive 35. REMARKS

AGID

ELISA

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).

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

16 .

No.

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. SERIAL NO. 2. DATE BLOOD U.S. DEPARTMENT OF AGRICULTURE 1. ACCESSION NUMBER ANIMAL AND PLANT HEALTH INSPECTION SERVICE DRAWN d679272 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) 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) Show First Test Change of Ownership Retest Market 4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6, TEST TYPE OR ACCREDITATION NO. SYSTEMS (GIS) X ELISA N/A. Zip Code AGID LONG: Tel No. County 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRASMER DVM S/W. LIVESTOCK AUCTION 5900 JONES PLACE Zip Code Zip Code LOS LUNAS ALBUOUEROUE. Tel No. 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 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN C.Y. BRASMER DVM. CERTIFICATION OF OWNER OR OWNER'S AGENT I certify max maye 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 15. SIGNATURE DATE 14. TYPE OR PRINT SIGNATURE NAME Official 22. 23. M - Male 1: 24. 21. 20. Tube Electronic F - Female Tattoo Sex I.D. No. DOB Tag 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 XMCA FOR LABORATORY USE ONLY 31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED 33. DATE REPORTED OUT 34. TEST RESULTS

ALBUQUEKQUE COGGINS LAB. ALBUQUERQUE, NM. 36. SIGNATURE OF TECHNICIAN

ELISA

Negative Positive

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. SERIAL NO. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. ACCESSION NUMBER 2. DATE BLOOD a0679273 DRAWN **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING First Test Show Market Change of Ownership Retest Export GEOGRAPHIC INFORMATION **VETERINARY LICENSE** 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. FLISA N/A. Zip Code LAT: AGID County Tel No 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVE? STACHER DVM. LIVESTOCK AUCTYO JONES PLACE WA Zip Code Zip Code UQUERQUE, County County Tel No CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above. 12. SIGNATURE DATE 10. SIGNATURE OF FEDERALLY 11. TYPE OR PRINT SIGNATURE NAME ETERINARIAN RRACMER DUN 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 15. SIGNATURE DATE 14. TYPE OR PRINT SIGNATURE NAME 16 . Officia 22. 23. M . Male 18. 24. Age of Tub Electronic F - Female Tattoo/i Color Breed Sex No Tag I.D. No. G - Gelding 98517000034 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 6 FOR LABORATORY USE ONLY 31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED 33. DATE REPORTED OUT 34. TEST RESULTS

Falsification of this form or knowingly using a falsified 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).

36. SIGNATURE OF THE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

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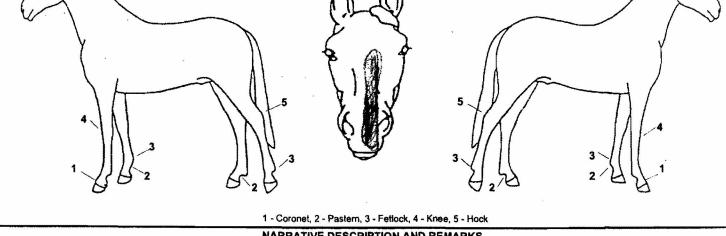
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35. REMARKS

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Forms Without Adequate	Descriptions Of	The Horse	e and Comp	lete Address t Be Process	es Includin ed.	g Zip Codes	, Counties	, and [^]	Teler	hone
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DENNIS CHAVEZ				C.Y.	BRASMER	DVM.		*	٠	
@ S/W. LIVESTOCK A	UCTION.				JONES P					
LOS LUNAS.	Zip Code			ALBU	OUEROUE.	NM.	Zip Code	87	120	
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10. SIGNATURE OF FEDERALLY ACCR	EDITED VETERINARIAN			11. TYPE OR P	RINT SIGNATUR	E NAME		12. SIG	NATU	RE DATE
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See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127 U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE SERIAL NO. 1. ACCESSION NUMBER DATE BLOOD 2. a0679275 DRAWN **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse and Complete Addresses incitiding 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) Show First Test Change of Ownership Retest Market CLOVIS LIVESTOCK AUCTION, INC. 4. GEOGRAPHIC INFORMATION VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. P.O BOXW/187 XXXELISA Zip Code AGID LONG Tel No. County 1671167 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRASMER DVM 5900 JONES LIVESTOCK AUCTION PLACE. Zip Code Zip Code LOS LINAS ALBUQUEROHE County Tel No. County 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. 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDER ED VETERINARIAN C.Y. BRASMER DVI CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that thrave 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 15. SIGNATURE DATE 14. TYPE OR PRINT SIGNATURE NAME 16. Official 22. 23. M - Male 18. 24. 20. 21. Tube Electronic Age or F - Female Tattoo/B Breed No. I.D. No. Tag G - Gelding O N - Neuter SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



NARRATIVE DESCRIPTION AND REMARKS 25. HEAD 26. OTHER MARKS AND BRANDS -27. LEFT FORELIME 28. RIGHT FORELIMB 29. LEFT HINDLIMB 30. RIGHT HINDLIMS FOR LABORATORY USE ONLY 31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED 33. DATE REPORTED OUT 34. TEST RESULTS Negative Positive AGID ELISA ALBUQUERQUE COGGINS LAB. SIGNATURE OF TECHNICIAN REMARKS ALBUQUERQUE, NM.

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).

See reverse for more OMB informati	tion.		9	FORM APPROVEL) - OWR NOWREK (15/9-012/
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Forms Without Adequate			lete Addresses Inclu t Be Processed.	ding Zip Codes	, Counties, an	d Telephone
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OENNIS CHAVEZ			C.Y. BRASM			
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LOS LUNAS. Tel No.	1044.		ALBUQUERQU		Tours.	7120
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	nen submitted with this form	was drawn by me				SIGNATURE DATE
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	ive examined this form and,	to the best of my				
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		FOR LABORAT	TORY USE ONLY			
31. LABORATORY NAME/CITY/STATE	32. DATE	RECEIVED	33. DATE REPORTED OUT	34. TEST RESULT	· · · · · · · · · · · · · · · · · · ·	
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See reverse for more OMB	information.				FO	RM APPROVED - (OMB NUME	BER 057	79 - 012	27
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Forms Without Ade	quate Descript	ions Of The Ho	rse and Comp	lete Addresse t Be Processe	s Including	g Zip Codes, C	ounties	, and	Telep	hone
3. REASON FOR TESTING			First Test			R STABLE/MARKE	T (Please p	rint or t	уре)	************
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)		ARY LICENSE REDITATION NO.	6. TEST TYPE		-n/A.					
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DENNIS CHAVEZ © S/W. LIVEST	Min at our Table				BRASME	PLACE NW.				
LOS LUNAS.	OCK MUSITOR	Zip Code			OUEROUE	21.502	Zip Code	8	7120)
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CERTIFICATION OF FEDERAL					- 4				*****	***************************************
I certify the	specimen submi	tted with this form	was drawn by me	from the horse	described b	elow on the date	indicated	above		
10. SIGNATURE OF FEDERA)(6) ED VETE	RINARIAN	,	11. TYPE OR PI	RINT SIGNATUR	E NAME		12. SIG	SNATU	RE DATE
	X-7			C.Y. f	KASMER I	DVM.	70	6	11	5/1/
,		CERTIFIC	ATION OF OWN	ER OR OWNER	R'S AGENT			/		,·
l certif	examir	ned this form and,	to the best of my	knowledge and	belief, this for	rm is true, correct	and com			
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ALBUQUERÇUE COGGINS LAB.

ALBUQUERÇUE, NM.

| ALBUQUERÇUE, NM. | AGID |

FOR LABORATORY USE ONLY

33. DAJE REPORTED OUT

34. TEST RESULTS

32. DATE RECEIVED

Falsification of this form or knowingly using a falsified torm as 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).

31. LABORATORY NAME/CITY/STATE

See reverse for more OMB information	ation.				. F	ORM APPROVED -	OMB NUME	ER 057	9 - 01	27
EQUINE INFECTIOU	RTMENT OF AGRICULTUR NT HEALTH INSPECTION S ANEMIA LABOR Memorandum 555.16)	SERVICE	TEST	serial no.	278	1. ACCESSION P	NUMBER 76	2. DA DR	TE BL	1000 3///:
Forms Without Adequate	Descriptions Of	The Hors	se and Compl bers Will Not	ete Address	es Includir			, and	Tele	phone
3. REASON FOR TESTING	Show		rst Test			OR STABLE/MARKE	T (Please p	rint or ty	rpe)	* 6.
Market Change of Ov			cport							
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENS OR ACCREDITATION		6. TEST TYPE		n/A.	-				
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8. NAME AND ADDRESS OF OWNE	1167		1	Tel No.	ADDRESS	OF VETERINARIAN	County (Please orin	t or type	<u></u>	
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DENNIS CHAVEZ @ S/W. LIVESTOCK A	Watton.				BRASME	PLACE NW.				
LOS LUNAS.	Zip Code	-			OHEROHE	30.2	Zip Code	87	120	
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31. LABORATORY NAME/CITY/STATE		2. DATE RE	CEIVED	33. DATE REPOR	TED OUT	34. TEST RESULTS				
ALBUQUERQUE COGGIR	RS LAB.	611	3//0	4/13/	16'	Negative	Positive	AC	SID 🤅	ELISA

36. SEGNATURE OF TECHNICIAN

ALBUQUERQUE, NM.

35. REMARKS

See reverse for more OMB inform	ation.			FO	RM APPROVED - (OMB NUMBI	ER 0579 - 0°	127
EQUINE INFECTIOU	RTMENT OF AGRICULTURE ANT HEALTH INSPECTION SERVICE IS ANEMIA LABORATOR Memorandum 555.16)	Y TEST	o0679	279	1. ACCESSION N	iumber ミフフ	2. DATE B DRAWN	
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@ S/W. LIVESTOCK	AUCTION.		5900	BRASME.	PLACE NU			***************************************
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Tel No.	County N	<u>: </u>	Tel No. (5) <u>5) 610-</u> -	4711	County	REENZ	1. 1. 1. 1.
I certify the speci	CERTIFICATION imen submitted with this form					indicated :	above.	
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I certify that I has a signature of owner or owner	fave examined this form and, t	to the best of my				and comp	15. SIGNAT	INDE DATE
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27. LEFT FORELIMB		28. RIGHT FORELIMB	
29, LEFT HINDLIMS		30. RIGHT HINDLIMB	
	FOR LABOR	ATORY USE ONLY	
31. LABORATORY NAME/CITY/STATE ALBUQUEKQUE COGGINS LAB.	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS AGID ELISA
ALBUQUERQUE, NM.	36. SIGNATURE (b)(6)		35. ŘÉMARKS

U.S. DEPARTMENT OF AGRICULTURE

SERIAL NO.

1. ACCESSION NUMBER 2. DATE BLOOD

EQUINE INFECTIOUS	ANEMIA LABORATORY	TEST	a0679280	ACL. //578	6/13/16
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LONG:	. 1167	AGID	Tel No.	County	
8. NAME AND ADDRESS OF OWNER	(Please print or type)		- Carlo Marchaella Constitution and Carlo Million Constitution Constit	VETERINARIAN (Please prin	nt or type)
DENNIS CHAVEZ			C.Y. BRASMER		
@ S/W. LIVESTOCK AU			5900 JONES P		87120
LOS LUNAS.	Zip Code		ALBUQUERQUE, Tel No. (505) 610-4	AM. Zip Code	bernali ili
Tel No.	County NA.				MINIMIA I I I I I I I I I I I I I I I I I I
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No. Tao Tatto			Color Breed		DOB Sex F - Female G - Gelding
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1	5	Charles Com	5 3 2	3 2	
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29. LEFT HINDLIMB	. ^		30. RIGHT HINDLIMB	<i>)</i>	
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31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIN ALBUQUERQUE, NM.	S LAB. 32. DATE RE		6/13/11	4. TEST RESULTS Negative Positive REMARKS	AGID ÉLISA
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See reverse for more OMB in	nformation.			FOI	RM APPROVED - OMI	B NUMBER 05	i79 - 01:	27
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DENNIS CHAVEZ			C.Y.	. BRASMER	DVM.			···
& S/W. LIVESTO					LACE NW.		5 20 1 6 7	s.
LOS LUNAS.	Zip Code	T		JOUERQUE,	272.3		37120	
No.	County NX			05) 610-4		ounty Bi	MEAL	uILL
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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 Negative Positive -ELISA AGID ALBUQUERQUE COGGINS LAB. 36. SIGNATURE OF TECHNICIAN 35. REMARKS ALBUQUERQUE, NM.

Falsification of this form or knowingly using a falsified fo owingly using a falsified formula with a second 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 SE

SERIAL NO.

1. ACCESSION NUMBER

2. DATE BLOOD

EQUINE INFECTIOU	JS ANEMIA LABORATORY	Y TEST	$ \omega 579282$	ACL. 11580	61/31/6				
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Market Change of C 4. GEOGRAPHIC INFORMATION	wnership Retest 5. VETERINARY LICENSE	6. TEST TYPE	<u> </u>						
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8. NAME AND ADDRESS OF OWN		•	9. NAME AND ADDRESS	OF VETERINARIAN (Please pr	rint or type)				
DENNIS CHAVEZ			C.Y. BRASM						
a s/w. LIVESTOCK				PLACE NW.	07162				
LOS LUNAS.	Zip Code	_	ALBUQUERQU						
Tel No.	County		Tel No. (505) 610	-	BERNALI ULO				
I certify the spec	imen submitted with this form w	vas drawn by me	Y ACCREDITED VETERING from the horse described	d below on the date indicate	ed above.				
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(b)(6)			C.Y. BRASMER	bvm.	6/13/16				
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			3 3- Fetlock, 4 - Knee, 5 - Hock	3 2					
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31. LABORATORY NAME/CITY/STAT	E 32. DATE RI		33. DATE REPORTED OUT	34. TEST RESULTS					
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ALBUQUERQUE, NM.	36. ÁIGNAT	(b)(6)	N / / /	35. REMARKS					
Falsification of this fo	orm or knowingly using a fals imprisonment for i	not more than 5	criminal offense and may 5 years or both (U.S.C. Se	result in a fine of not morection 1001).	e than \$10,000 or				

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. SERIAL NO. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. ACCESSION NUMBER 2. DATE BLOOD DRAWN a0679283 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) 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) Show First Test Market Change of Ownership Retest Export **GEOGRAPHIC INFORMATION** 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) XXELISA OR ACCREDITATION NO N/A. Zip Code LAT: AGID LONG County Tel No. 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 Zip Code Zip Code 87120 LINAS ALMIOUEROUE Tel No. County Tel No. (505) County 610-471 **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. 12. SIGNATURE DATE 10. SIGNATURE OF FEDERALIA ACCRESITED VETERINARIAN 11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER 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 15. SIGNATURE DATE 14. TYPE OR PRINT SIGNATURE NAME 16. Official 22. 23. M - Male 18 24. 20. 21. Tube Age or DOB Breed Color Tattoo 1.D. No. No. Tac G - Gelding Ya.nt 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 FIT Blue Eyel 27. LEFT FORELIMB 28. RIGHT FORELIMB 29. LEFT HINDUMB 30. RIGHT HINDLIMB FOR LABORATORY USE ONLY

Falsification of this form or knowingly using a faisified 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).

33. DATE REPORTED OUT

34. TEST RESULTS

35. REMARKS

Negative Positive

32. DATE RECEIVED

SIGNATURE OF TECHNICIAN

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAE.

AGID

ELISA

EQUINE INFECTIOU	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE S ANEMIA LABORATORY TEMORANDERS (1987)	TEST	ans 79	284	1. ACCESSION N	S&Z	2. DATE BI DRAWN	
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8. NAME AND ADDRESS OF OWNE			9. NAME AND	ADDRESS OF	VETERINARIAN (Please print	or type)	
DENNIS CHAVEZ			C.Y.	BRASMET	R DVM.	_		
@ S/W. LIVESTOCK	AUCTION.				PLACE NW.			
LOS LUNAS.	Zip Code		ALBU	IOUEROUE	. NM.	Zip Code	8712	0
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certify that I ha	CERTIFICA ave examined this form and, to	TION OF OWN			rm is true, correct	and comp	lete.	•
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		FOR LABORAT	TORVILLE OF	V				
31. LABORATORY NAME/CITY/STATE			33. DATE REPORT		4. TEST RESULTS			
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ALBUQUERQUE, NM.	·	URE OF TECHNICIA	N / /		5. REMARKS			
Falsification of this for	rm or knowingly using a falsi imprisonment for n	fied for ot more than 5	minal offense years or both	and may re (U.S.C. Secti	sult in a fine of rion 1001).	not more t	han \$10,00	10 or

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127 U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE SERIAL NO. 1. ACCESSION NUMBER 2. DATE BLOOD DRAWN o0679285 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) 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) Show First Test Change of Ownership Market Retes 4. GEOGRAPHIC INFORMATION 6, TEST TYPE **VETERINARY LICENSE** SYSTEMS (GIS) OR ACCREDITATION NO. Zip Code **AGID** LONG County Tel No. 1167 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) 8. NAME AND ADDRESS OF OWNER (Please print or type) C.Y. BRASMER DVM. DENNIS CHAVEZ 5900 JONES PLACE NW. AUCTION. @ S/W. LIVESTOCK 07120 Zip Code ALBUQUERQUE, NA. Zip Code LOS LUNAS Tel No. (505) 610-4/11 BERNALL Tel No. County 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 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FED (b) (6 DITED VETERINARIAN C.Y. BRASMER DVM. CERTIFICATION OF OWNER OR OWNER'S AGENT re examined this form and, to the best of my knowledge and belief, this form is true, correct and complete. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16. Official 22. 23. M - Male 21. 20. Age of Tube Electronic Sex F . Female Colo Breed Tatto 1.D. No. No. Tag G - Gelding Ruan N - Neuter SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS 1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock NARRATIVE DESCRIPTION AND REMARKS 26. OTHER MARKS AND BRANDS 28. RIGHT FORELIMB

25. HEAD 27. LEFT FORELIME 29. LEFT HINDLIMB 30. RIGHT HINDLIMB FOR LABORATORY USE ONLY 31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED DATE REPORTED OUT 34. TEST RESULTS ALBUQUERQUE COGGINS LAB. "ELISA Negative Positive AGID IGNATURÉ OF TECHNICIAN 35. REMARKS ALBUQUERQUE, NA.

Falsification of this form or knowingly using a falsified to be imprisonment for not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

ANIMAL AND PLA	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE	SERIAL NO.	1. ACCESSION	NUMBER	2. DATE BLOOD DRAWN				
	S ANEMIA LABORATORY femorandum 555.16)	TEST	an 579281	ACT.	584	6/13/13			
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 Fi	7. NAME AND ADDRES	S OR STABLE/MARK	(ET (Please p	rint or type)				
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LONG:	1167	AGID	Tel No.		County				
8. NAME AND ADDRESS OF OWNE	K (Please print or type)		9. NAME AND ADDRE		N (Please prin	t or type)			
DENNIS CHAVEZ © S/W. LIVESTOCK A	MCTT(A:		C.Y. BRAS	S PLACE NW.					
LOS LUNAS.	Zip Code		ALBUOHERO		Zip Code	87120			
Tel No.	County NM.			0-4711	County	BERNALTAL			
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	men submitted with this form w	as drawn by me			te indicated	AND DESCRIPTION OF THE PARTY OF			
10. SIGNATURE OF FEDERALLY ACCR. (b)(6)	EDITED VETERINARIAN		11. TYPE OR PRINT SIGN		÷	12. SIGNATURE DATE			
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I certify	mined this form and, to		ER OR OWNER'S AGE mowledge and belief, the		ct and com	plete.			
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		ĸ							
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No. Tag Tattoo/Brai			Color Bre	1,D. No.		OOB Sex F · Female G · Gelding			
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	1 - Coro	net, 2 - Pastern, 3	- Fetlock, 4 - Knee, 5 - Hoo	k .					
	NARRA	ATIVE DESCRIP	TION AND REMARKS						
25. HEAD			26. OTHER MARKS AND BRA	NDS					
STA	<u></u>			<u> </u>					
27. LEFT FORELIMB	28. RIGHT FORELIMB								
29. LEFT HINDLIMB		<u> </u>	30. RIGHT HINDLIMB						
ē.	3								
		FOR LABORAT	ORY USE ONLY						
31. LABORATORY NAME/CITY/STATE	[-7-77	CEIVED	33. DATE REPORTED OUT	34. TEST RESULTS					
ALBUQUERQUE COGGIN		2/10	6/13/10	Negative	Positive	AGID AGID ELISA			
ALBUQUERQUE, NM.	36. SIGNATI	URE OF TECHNICIAN (b)(6)	' '	35. REMARKS		36			
•	,			*					
Falsification of this for	m or knowingly using a falsi	fied form is a co	riminal offense and m	v regult in a fine o	f not more	than \$10,000 or			
The second secon	imprisonment for n	ot more than 5	years or both (U.S.C.	Section 1001).		man project or			

See reverse for more OMB inform	nation.	,		FO	RM APPROVED	- OMB NUME	BER 0579 - 0	127	
ANIMAL AND PLEQUINE INFECTION	ARTMENT OF AGRICULTURE ANT HEALTH INSPECTION SERVICE US ANEMIA LABORATORY Memorandum 555.16)	TEST	serial no. q06792	287	1. ACCESSION	NUMBER SをS	2. DATE B DRAWN		
	e Descriptions Of The Hors		lete Addresses t Be Processed		Carlo Carlo		, and Tele	phone	
3. REASON FOR TESTING	7. NAME AND A		STABLE/MARI	KET (Please p	orint or type)				
Market Change of C	Dwnership Retest 5. VETERINARY LICENSE	6. TEST TYPE							
SYSTEMS (GIS)	OR ACCREDITATION NO.	KELISA		i/A.		Zip Code			
LAT: LONG:	3.1.77	AGID	Tel No.			County			
8. NAME AND ADDRESS OF OWN	IER (Please print or type)	1	9. NAME AND A	DDRESS OF	VETERINARIA	200000000000000000000000000000000000000	nt or type)		
DENNIS CHAVEZ									
6 S/W LIVESTOCK	A YEAVET AND			DASNER	LACE NU				
LOS THNAS	Zip Code			IRBUILE INNES R		Zip Code	8712	Č.	
Tel No.	County	8	Tel No. (505)	mandomi		County	D GO, N. a.	, y . e	
I certify the spe	CERTIFICATION (OF FEDERALL	Y ACCREDITED V	ETERINA	RIAN	ite indicated	l above.	an de de de e	
10. SIGNATURE OF FEDERALLY ACC	PEDITED VETERINARIAN		11. TYPE OR PRIN				12. SIGNATURE DATE		
(b))(6)		C.Y. BRA	SMER D	VM .		6//	6/13/10	
I certify that	CERTIFICA		IER OR OWNER'S	AGENT		ect and com	plete.		
13. SIGNATURE OF OWNER OR OWN	ER'S AGENT		14. TYPE OR PRIN	T SIGNATURI	ENAME	ě	15. SIGNAT	URE DATE	
16. Official 18. Tube	H 1800 MAT BRED DAR HAR BERT BURG BERT BERT BERT BRED BERT BERT	NUMA WAYANAY JANA	20. Color	21. Breed	22. Electron		23. ge or Sex	M - Male F - Female	
No. Tao Tattoo/B	9851700003318	34	gray ?	warte	1.D. No	<u> </u>	3	G - Gelding N - Neuter	
	SHOW ALL SIGNIFICA	onet, 2 - Pastern,	3 - Fellock, 4 - Knee, 5	5 - Hock	AND SCARS	3 2	4		
25. HEAD			26. OTHER MARKS A						
	v								
27. LEFT FORELIMB	0		28. RIGHT FORELIMB	1					

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

33. DATE REPORTED OUT

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS

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

See reverse for more OMB information	ation.		* #		FOR	RM APPROVED - OMB N	NUMBER 05	79 - 0127	
ANIMAL AND PLA EQUINE INFECTIOU	RTMENT OF AGRICULTU NT HEALTH INSPECTION S ANEMIA LABO Memorandum 555.16)	SERVICE	TEST	SERIAL NO.		1. ACCESSION NUMB	DI	ATE BLOC RAWN	OD
Forms Without Adequate	Descriptions Of	The Horse	and Compl	ete Addresse Be Processe	es Including ed.			Teleph	one
3. REASON FOR TESTING	Show	ether.	Test			STABLE/MARKET (Ple	ase print or	type)	
Market Change of Ov	vnership Retes	Expo	ort						
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICEN		. TEST TYPE						
SYSTEMS (GIS) LAT:	OR ACCREDITATION	NO.	XXELISA		N/A.	Zip (Code		
LONG:	116	7	AGID	Tel No.		Cou			
8. NAME AND ADDRESS OF OWNE	R (Please print or type,			9. NAME AND	ADDRESS OF	VETERINARIAN (Pleas	e print or typ	e)	
DENNIS CHAVEZ					RRASMER				
@ S/W. LIVESTOCK A			<u>.</u>	5900	IONES P			2.2	
LOS LUNAS.	Zip Code				фикопк.	1834		7120	
Tel No.	County	AM.	STATE OF THE PARTY		5) 610-4		nty KF.	KNAT T	110
I certify the eneci				from the horse		RIAN elow on the date indic	ated above	a .	
10. SIGNATURE OF FEDERALLS ACCE		uns torn was	diawn by me		RINT SIGNATURE			GNATURE	DATE
(b)(6)	ED VETERINARIAN			U.S. 5140 250		Property Street, Stree	1	113	110
		EDTIFICATI	ON OF OWN	ER OR OWNER	RASMER D	VPI.		77	
I certify that I h	ave examined this fo	orm and, to th	ne best of my l	cnowledge and	belief, this for	m is true, correct and	complete.		
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT			14. TYPE OR P	RINT SIGNATURE	NAME	15. 8	IGNATURE	E DATE
to London Million	·				+			1	
16. Official 18 Tube No Tag Tattoo		MARINE EN L	(Alli kini ing	20. Color	21. Breed	22. Electronic	23. Age or	27.	- Male - Female
No. Tag 12000					1018 425	I.D. No.	DOB		- Gelding
'8	85170000	3454R4	W COLUMN TO THE STATE OF THE ST	Rucon	ho/se		3	FN	- Neuter
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				- Fetlock, 4 - Kne		·	127		
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5700				26. OTHER MARK	S AND BRANDS				
27. LEFT FORELIMB				28. RIGHT FOREL	IMB				
29. LEFT HINDLIMS	A _	,		30. RIGHT HINDLI	IMB S	171			***************************************
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31. LABORATORY NAME/CITY/STATE	:	32. DATE RECE		ORY USE ONI		I. TEST RESULTS			
	1	6/17	711	1/17/	70 1	Negative Positi	ive 🗀 A	GID 🎷	ELISA
ALBUQUERQUE COGGIN ALBUQUERQUE, NM.		36. SIGNATUR	E OF TECHNICIA (b)(6)	N 1/3//	3	S. REMARKS	<u>e</u> [] ^	يد داد.	4 CLION

See reverse for more OMB information.				FORM APPROVED - OMB NUMBER 0579 - 0127						
	RTMENT OF AGRICULTU			SERIAL NO.		1. ACCESSION NUMBER		2. DATE BLOOD		
EQUINE INFECTIOU		RATOR	Y TEST	a0679	3289	1-0-9		DR/	AWN ノノブ	· # . M
	Memorandum 555.16)					ACI /D&/		10/	12	<u> </u>
Forms Without Adequate	Descriptions Of	The Hor	se and Comp nbers Will No	lete Address Be Process	es Includin ed.	g Zip Codes, C	ounties	, and I	elep	none
3. REASON FOR TESTING	Show		irst Test			R STABLE/MARKE	T (Please)	orint or ty	oe)	
Market Change of Ov	vnership Retes	t (2/E	xport							-
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICEN OR ACCREDITATION		6. TEST TYPE		- 1. f x	:0:				
LAT: LONG:			AGID		N/A.		Zip Code			
8. NAME AND ADDRESS OF OWNE	P (Please print or type)			Tel No.	ADDDESS	F VETERINARIAN	County (Please original	nt or type		
DENNIS CHAVEZ	ik (i loddo piink di lypo)			Arr Walls				10.00.00	ž,	
@ S/W. LIVESTOCK A	MICTION.				RRASME	PLACE NU			2	
LOS LUNAS.	Zip Code				OHEROHE		Zip Code	87	196	
Tel No.	County	NE:		Tel No. (50	<u>5) 610-4</u>	4711	County	RES	MAT	200
Loorlife the annai	400,000,000,000,000		OF FEDERALL				indiantas	d abova		
10. SIGNATURE OF FEDERALL (b)(6)	men submitted with t	inis iorm v	vas drawn by me	11. TYPE OR P			indicated		NATUR	E DATE
10. SIGNATURE OF PEDERALI (D)(6)	VETERINARIAN				RASMER I		4	6	11	3/1
	C	ERTIFICA	ATION OF OWN			JVN .		1 2	/-	1
I certify that I ha	ave examined this fo					rm is true, correct	and com	plete.		
13. SIGNATURÉ OF OWNER OR OWNE	R'S AGENT			14. TYPE OR P	RINT SIGNATUR	RE NAME		15. SIG	NATUE	RE DATE
16. Official 4s						22,		23.		
Tube No. Tag Tat				20. Color	21, Breed	Electronic I.D. No.		Ann or	24.	M - Male F - Female
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29. LEFT HINDLIMB				30. RIGHT HINDLIMB						
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			FOR LABORAT							
31. LABORATORY NAME/CITY/STATE	1	2. DATE RE	CEIVED	33. DATE REPORT	ED OUT	M. TEST RESULTS				T =
ALBUQUERQUE COGGIN ALBUQUERQUE, NM.	S LAB.	6. SIGNAT	URJE OF TECHNICIA	10/15/	<i>(()</i>	Negative	Positive	AGI	O T	∑ ELISA
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ALBUQUERQUE, NM.

ANIMAL AND PLA	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE	SERIAL NO.	000	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN)				
	S ANEMIA LABORATOR' Memorandum 555.16)	Y TEST	dr 79	1230	ACL. 11588	6/13/	1,3			
Forms Without Adequate	Descriptions Of The Hor	lete Addresses Including Zip Codes, Counties, and Telephone t Be Processed.								
3. REASON FOR TESTING	Show F			R STABLE/MARKET (Pleas	e print or type)					
Market Change of Ov		xport								
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		11/AL.		i				
LAT: LONG:	1167	AGID	Tel No.	•	Zip Co Count					
8. NAME AND ADDRESS OF OWNE	R (Please print or type)			ADDRESS O	F VETERINARIAN (Please p					
DENNIS CHAVEZ	, , , , , , , , , , , , , , , , , , ,	8 .		BRASMER		A CONTRACTOR OF PROPERTY.				
6 S/W. LIVESTOCK A	UCTION.			JONES P						
LOS LUNAS.	Zip Code			UERGUE.	T: 0-	de 8712U				
Tel No.	County No.		Tel No. (505	610-4	711 Count	BERNALL	Ö			
I certify the speci	CERTIFICATION men submitted with this form v					ed above.				
10. SIGNATURE OF FEDERALLY ACCE				RINT SIGNATUR		12. SIGNATURE DA	ATE			
(b)(o)			C.Y. BE	RASMER D	vm.	6/13/	1 / 1			
		ATION OF OWNE								
	ave examined this form and, to	o the best of my k				mplete.	ATE			
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR P	RINT SIGNATUR	RE NAME	15. SIGNATURE D	AIE			
16 . Official 18.	9851700003527	750	20.	21.	22. Electronic	23. 24. M - M Age or 8 5 5 5				
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25. HEAD STAYO	_		26. OTHER MARK	S AND BRANDS		i.				
27. LEFT FORELIMB	nch		28. RIGHT FOREL	IMB S	N .					
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		FOR LABORAT								
31. LABORATORY NAME/CITY/STATE	171	ECEIVED	33. DATE REPORT	TED OUT	34. TEST RESULTS	TI ALL SETT.	E1 10 1			
ALBUQUERQUE COGGIN	المستقل مطاوسا الفراقي المراقب	TURE OF TECHNICIAN	1/1/10	70	Negative Positive	AGID X	ELISA			
ALBUQUERQUE, NM.	Joe. Joicha	(b)(6)		·	JJ. REMARKS					
ži.				,		*				
Falsification of this fo	rm or knowingly using a fals	ifie	riminal offense	e and may re	esult in a fine of not mo	re than \$10,000 or				
	imprisonment for	not more than 5	years or both	(U.S.C. Sect	tion 1001).					

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

serial no. a0679291 1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

EQUINE INFECTIOUS (VS M	S ANEMIA LABORATOR' emorandum 555.16)	Y TEST	one 1959T	1158	1 6/13/12
Forms Without Adequate	Descriptions Of The Hor Nur	se and Comp	lete Addresses Include t Be Processed.	ling Zip Codes, Cour	nties, and Telephone
3. REASON FOR TESTING	Show F	irst Test	7. NAME AND ADDRESS	OR STABLE/MARKET (Ple	ease print or type)
Market Change of Ow	nership Retest E	xport			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE /) OR ACCREDITATION NO.	6. TEST TYPE			
LAT:	ON NOONED HAMION HO.	ELISA	N/A.	Zip	Code
LONG:	1167	AGID	Tel No.		unty
8. NAME AND ADDRESS OF OWNER	R (Please print or type)		9. NAME AND ADDRESS	OF VETERINARIAN (Pleas	se print or type)
DENNIS CHAVEY			G.Y. ERACH	LIL DIN.	
G S/W TIVESTOCK A			5900 JONES	PLACE NW.	Cada
TOS LINAS Tel No.	Zip Code County		ALBUQUERQU	F 7374	Code \$7126
Tel No.	200	AC CEDED 4:11	Tel No. (505) 610	-4/4	BERNALILIO
I certify the specin	nen submitted with this form v		Y ACCREDITED VETERII from the horse describe		cated above.
10. SIGNATURE OF FEDERALLY ACCRE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11. TYPE OR PRINT SIGNAT		12. SIGNATURE DATE
(b)(6)			C V BRASMED		6/13/16
	CERTIFICA	ATION OF OWN	IER OR OWNER'S AGEN		777
. I certify macrina	we examined this form and, to				complete.
13. SIGNATURE OF OWNER OR OWNER	'S AGENT		14. TYPE OR PRINT SIGNA	TURE NAME	15. SIGNATURE DATE
	7				
16 . Official 18.		m an an an	20. 21.	22. Electronic	23. Age or car E Familia
No. Tag Tattoo/		_	Color Breed	I.D. No.	DOB Sex F - Female G - Gelding
	1700003450	85	Buckstora	<i>ਹ</i>	N-Neuter
9	851700003450		100 101	<u> </u>	
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24 (ADOBATONA MAMPIONIAN	122		TORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE R	ECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS	
ALBUQUERQUE COGGINE	LAB.	>//()	4/13/10	Negative Posi	tive AGID ELISA
ALBUQUERQUE, NM.	JO. BIGNA	URE OF TECHNICIA	er + *	35. REMARKS	
•		(-)(-)			8
Falsification of this fa-	m or knowingly using a fals	ifind forth 1	riminal offense and r		nore than \$40,000
	imprisonment for	not more than 5	i years or both (U.S.C. Se	ection 1001).	110.0 Ulaii \$10,000 01

See reverse for more OMB.informa	ation.				FOF	RM APPROVED - C	OMB NUMB	ER 0579 -	0127
ANIMAL AND PLA EQUINE INFECTIOU	RTMENT OF AGRICULT INT HEALTH INSPECTIO S ANEMIA LABO Memorandum 555.16)	ON SERVICE	/ TEST	SERIAL NO.	292	1. ACCESSION N	UMBER	2. DATE DRAV	
Forms Without Adequate	Descriptions O		se and Comp			Zip Codes, C	ounties,	and Te	lephone
3. REASON FOR TESTING	Sho		rst Test			STABLE/MARKE	T (Please p	rint or type)
Market Change of Ov			xport						
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICE	NSE	6. TEST TYPE					8	
SYSTEMS (GIS)	OR ACCREDITATIO	ON NO.	AVELISA		N/As		Zip Code		
LONG:	1.16	57	AGID	Tel No.			County		
8. NAME AND ADDRESS OF OWNE				9. NAME AND	ADDRESS OF	VETERINARIAN (Please prin	t or type)	
DENNIS CHAVEZ				C.Y.	BRASMER	DVM.			
@ S/W. LIVESTOCK	AUCTION.				JONES P				********
LOS LUNAS.	Zip Cod	le	-	ALBU	OUEROUE.	NM.	Zip Code	871	i.
Tel No.	. County	MM	•	Tel No. (50	5) 610-4	711	County	BEKE	ALTELLIA
			OF FEDERALL				3	Secretary of the secret	
	men submitted with		as drawn by me				indicated		TUDE DATE
10. SIGNATURE OF FEDER	ETERINARIAN	1	4	202019 NESSES (VIRGINISES) 12 9	RINT SIGNATURE			12. SIGNA	TURE DATE
					RASMER D	Ves.		16/1	13///
Lcerti	ave examined this		TION OF OWN			m is true correct	and comr	olete	
13. SIGNATURE OF OWNER OR OWNER		onn and, to	the best of my		RINT SIGNATURE	Intrintitutes de la commune	and comp		ATURE DATE
			_	14. 1112 300,7	Aller Glotter City	· NOME			
16. Official 18.				20.	21.	22. Electronic		23. 24 ge or 5	M - Male
No. Tag Tattoo/Brand	"08E 170			Color	Breed	1.D. No.		OB 3	G · Gelding
	985 170 (JUU 66	6 676	St. Te	raint			1 6	N - Neuter
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				au. room ronet			•		
29. LEFT HINDLIMB				30. RIGHT HINDLII	MB				
			FOR LABORAT	ORY USE ONI	Y				
31. LABORATORY NAME/CITY/STATE		32. DATE RE		33. DATE REPORT		. TEST RESULTS			a garage of the page and
ALBUQUERQUE COGGIA	NS LAB.	6/1	<i>3//0</i>	6/13/	10 -		Positive	AGID	ELISA
ALBUQUERQUE, NM.	-	36. BIGNATI	URE OF TECHNICIA	N / //	35	. REMARKS			

Falsification of this form or knowingly using a falsified minimum minal 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).

ANIMAL AND PLAI	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE S ANEMIA LABORATORY	TEST	a06792		ACCESSION N		2. DATE B	
(VS N	lemorandum 555.16)	***************************************	30.740		ACL. //S		6/13	118:
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	i i	/^-			1000	
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Tel No.	County NM		Tel No. (505)			County	BERNAI	LLLU
	CERTIFICATION						100	
I certify the specin	nen submitted with this form w	as drawn by me				indicated a		
10. SIGNATURE OF FEDERALLY ACCR		(*	11. TYPE OR PRINT				12. SIGNAT	JRE DATE
(b)(t	· · · · · · · · · · · · · · · · · · ·		C.Y. BKA		M.		6//	5/1/
I certify that I ha	CERTIFICA ave examined this form and, to	TION OF OWN	ER OR OWNER'S knowledge and beli	AGENT ief, this form	is true, correct	and comp	lete.	•
13. SIGNATURE OF OWNER OR OWNER			14. TYPE OR PRINT			STATE STATE OF THE	15. SIGNAT	URE DATE
16 Official 18			<u> </u>		22.		3.	M - Male
Tube No. Tag Tattoo/			Color	21. Breed	Electronic I.D. No.	Ag	e or Sex	F - Female
		<u> </u>	TPPIA	PPolics.	1,0,140.	+ 7	1 8	G - Gelding N - Neuter
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			- Fetlock, 4 - Knee, 5 TION AND REMA					
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29, LEFT HINDLIMB			30. RIGHT HINDLIMS					
		FOR LABORAT	ORY USE ONLY					
31. LABORATORY NAME/CITY/STATE	32. DATE RE	CEIVED	33. DATE REPORTED	15 30004	TEST RESULTS			
ALBUQUERQUE COGGI	NS LAB.	2//0	6/13/16			Positive	AGID	ELISA
ALBUQUERQUE, NM.	36. SIŚNAT	URE OF TECHNICIA (b)(6)	N / / / /	S 5. 1	REMARKS		· _	
Falsification of this for	m or knowingly using a fals imprisonment for r	oot more than 5	iminal offense ar years or both (U.	nd may resu S.C. Section	It in a fine of n 1001).	ot more t	han \$10,00	0 or

U.S. DEPARTMENT OF AGRICULT	URE	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD
ANIMAL AND PLANT HEALTH INSPECTION EQUINE INFECTIOUS ANEMIA LABO	DRATORY TEST	d 679294	11603	DRAWN
(VS Memorandum 555.16)			1/592	6/13/10
Forms Without Adequate Descriptions O	f The Horse and Compl Numbers Will Not	ete Addresses Includin Be Processed.	g Zip Codes, Counties	, and Telephone
3. REASON FOR TESTING Show	w First Test	7. NAME AND ADDRESS O	R STABLE/MARKET (Please p	rint or type)
Market Change of Ownership Rete		,		×
4. GEOGRAPHIC INFORMATION 5. VETERINARY LICE! OR ACCREDITATIO				
LAT:	LAACTION	N/A.	Zip Code	
LONG:		Tel No.	County	//
8. NAME AND ADDRESS OF OWNER (Please print or type	9)	9. NAME AND ADDRESS O	F VETERINARIAN (Please prin	it or type)
DENNIS CHAVEZ		C.Y. DRASHE	DVr.	
G S/W. LIVESTOCK AUCTION LOS LUNAS ZIP Cod		5900 JONES I	LACE AW. Zip Code	
LOS LUNAS. Zip Cod Tel No. County		Tel No.		67120
	BOATION OF FEDERALLS	ACCREDITED VETERINA	711 	BERNALLLO
I certify the specimen submitted with	this form was drawn by me	from the horse described i	pelow on the date indicated	above.
10. SIGNATURE OF FEDERA (b)(6) ED VETERINARIAN		11. TYPE OR PRINT SIGNATUR		12. SIGNATURE DATE
		C V REACMED T	NTD.:	6/13/11
	CERTIFICATION OF OWN	ER OR OWNER'S AGENT	71.1	7 /
I certify that I have examined this t	form and, to the best of my l			
13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATUR	RENAME	15. SIGNATURE DATE
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27. LEFT FORELIMS		28. RIGHT FORELIMB	nks en 1	V05-4.
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		b.		
	FOR LABORAT	ORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED		34. TEST RESULTS	
ALBUQUERQUE COGGINS LAB.	6/13/10	6/13/10	Negative Positive	AGID ELISA
ALBUQUERQUE, NM.	36. SIGNATURE OF TECHNICIA	N / 1/1/2	S. REMARKS	2 2
	(b)(6)			
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Falsification of this form or knowingly using a falsified form Isra 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).

	DEPARTMENT OF AGRICULTURE D PLANT HEALTH INSPECTION SERVI	°	SERIAL NO.	1. ACCESSION	NUMBER 2. DATE	
EQUINE INFECT	TOUS ANEMIA LABORATO		$ \infty 67929!$	5 //	1 7 7.	IN Page
	(VS Memorandum 555.16)		<u> </u>	مساسات سيابيا الإفاد بالمسا	593 6//	2///
Forms Without Adeq	uate Descriptions Of The	Horse and Compl Numbers Will Not	lete Addresses inclu t Be Processed.	iding Zip Codes, i	Jounties, and Tel	epnone
3. REASON FOR TESTING	Show	First Test	7. NAME AND ADDRES	S OR STABLE/MARK	ET (Please print or type)	
Market Change	of Ownership Retest	Export				
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE				
LAT:	OR ACCREDITATION NO.	XXELISA	R/A.		Zip Code	
LONG:	1167	AGID	Tel No.		County	Managara Ma
8. NAME AND ADDRESS OF	OWNER (Please print or type)		9. NAME AND ADDRES	SS OF VETERINARIAN	(Please print or type)	
DENNIS CHAVEZ			C V RRAS	ME'S DVN:		
@ S/W. LIVESTOC			5900 10NB	S PLACE NW.	Zip Code ang	
LOS LUNAS.	Zip Code		A) RIIQUERO	STATE OF THE OWNER, TH	72 . 3/1.	
Tel No.		NV	Tel No. (505) 61		County Buch	Hada Salah Salah
1 certify the s	CERTIFICATION Specimen submitted with this for		ACCREDITED VETER from the horse describ		e indicated above.	4
10. SIGNATURE OF FEDERA (b)			11. TYPE OR PRINT SIGN			TURE DATE
			C.Y. BRASME	k num	61	13/11.
	CERTII	FICATION OF OWN	ER OR OWNER'S AGE			gʻ
l certify u	ат глаve examined this form ап	d, to the best of my	kпowledge and belief, th	is form is true, correc		
13. SIGNATURE OF OWNER OR	OWNER'S AGENT	v	14. TYPE OR PRINT SIGN	ATURE NAME	15. SIGN/	ATURE DATE
16. Official 18.			20. 21.		23. Age or Se	
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			TORY USE ONLY			
31. LABORATORY NAME/CITY/	STATE 32. DA	TE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS		P. Maria
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ALBUQUEKQUE, AR	36. 5 10	SNATYRE OF TECHNICIA	H / / //	35. REMARKS		
		(b)(6)				
Falsification of th	is form or knowingly using a imprisonment	faisified form sya co	riminal offense and m years or both (U.S.C.	ay result in a fine of Section 1001).	not more than \$10,	000 or

See reverse for more OMB information	ation.				F	ORM APPROVED - C	MB NUMBE	:R 0579 -	0127	
ANIMAL AND PLA EQUINE INFECTIOU	RTMENT OF AGRICULTUR NT HEALTH INSPECTION S ANEMIA LABOR Memorandum 555,16)	SERVICE	Y TEST	SERIAL NO.	296	1. ACCESSION N		2. DATE DRAV		OD 137
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LONG:	1167		AGID	Tel No.			County			
8. NAME AND ADDRESS OF OWNE	R (Please print or type)					F VETERINARIAN (Please print	or type)		
DENNIS CHAVEZ					BRASME		<u> </u>			
@ S/W. LIVESTOCK A	AUCTION.			5900	JONES	PLACE NW.	_			
LOS LUNAS.	Zip Code			ALäli	QUERQUE	, NM.	Zip Code	8/1	20	
Tel No.	County	Ne	_	Tel No. (50	5) 610-	4711	County	BERN	ALI	فاداط
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13. SIGNATURE OF OWNER OR OWNER		m and, t	o the pest of my				and compi		A 74404	- DATE
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT			14. TYPE OR P	RINT SIGNATU	RE NAME		15. SIGN	AIURE	: DATE
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16. Official	NAME AND A DESCRIPTION OF THE OWNERS OF THE OWNER, WHERE	19.	Dit Marie en an	20.	21.	22. Electronic	Age	a ar 2	7.	- Male
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			FOR LABORA	TORY USE ONL	Y					
31. LABORATORY NAME/CITY/STATE	3	2. DATE R		33. DATE REPORT		34. TEST RESULTS				***********
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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).

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		irst Test	/. NAME AND	ADDRESS OF	(STABLE/MARKE	i (riease pi	nn or type)	
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SYSTEMS (GIS)	OR ACCREDITATION NO.			N/A.		Zin Code		
LAT: LONG:	ļ		T-IN-	11/221				
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<u>& S/W. LIVESTOCK</u>	Zip Code			JONES P	TACE NW.	Zip Code		
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l certify ti	amined this form and, to				m is true, correct	t and comp	olete.	
13. SIGNATURE OF OWNER OR OWNE				RINT SIGNATUR				TURE DATE
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14 LABORATORY NAMES OF THE OWNER.		FOR LABORAT		MATERIAL PROPERTY AND ADDRESS OF THE PERSON				
31. LABORATORY NAME/CITY/STATE	1.15	CEIVED	33. DATE REPORT	ED OUT 34	I. TEST RESULTS			
ALBUQUERQUE COGGIA	is LAB.	5/10	0/12/	///	Negative	Positive	AGID	ELISA
ALBUQUERQUE, NM.	36. SIGNAT	URE OF TECHNICIAN (b)(6)	, ,	- P	. REMARKS			
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See reverse for more OMB inform	nation.			FOF	RM APPROVED - OM	1B NUMBER 0	579 - 01	27
U.S. DEP ANIMAL AND PL EQUINE INFECTION	ARTMENT OF AGRICULTURE ANT HEALTH INSPECTION SERVICE US ANEMIA LABORATORY Memorandum 555.16)	TEST	serial no.		1. ACCESSION NU	MBER 2. C	PATE BI	
Forms Without Adequat	e Descriptions Of The Hor	se and Comple bers Will Not	ete Addresse Be Processe	es Including	Zip Codes, Co	unties, and	Telé	phone
3. REASON FOR TESTING Market Change of C	. Show Fi	rst Test			STABLE/MARKET	'Please print or	type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE						
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8. NAME AND ADDRESS OF OWN	IER (Please print or type)	10,1015	Tel No.	ADDRESS OF	VETERINARIAN (PI	County ease print or ty	rpe)	
DENNIS CHAVEZ	many (10000 print of type)			BRASMER		,	e = x	
© S/W. LIVESTOCK	AUCTION.			TONES P			4	
LOS LUNAS.	Zip Code			OHEROHE.		ip Code	67120) ,
Tel No.	County N⊠	4		5) 610-4		County 3	ERMAT	Tiril
I certify the spec	CERTIFICATION (cimen submitted with this form w					idicated abov	/e.	
10. SIGNATURE OF FEDERALLY ACC	REDITED VETERINARIAN		11. TYPE OR PE	RINT SIGNATURE	NAME	12.5	SIGNATU	RE DATE
(15)(0)			C.Y. B	RASMER D	Ve.		0//	3/10
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13. SIGNATURE OF OWNER OR OWN	nave examined this form and, to	the best of my K		w				JRE DATE
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16 . Official 18.	19.	· · · · · · · · · · · · · · · · · · ·	20.	21.	22. Electronic	23. Age or	24.	M - Male F - Female
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	-ds		75	Soct				
29. LEFT HINDLIMB	· A		30. RIGHT HINDLI	ИВ				

29. LEFT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.

ALBUQUERQUE, NE.

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS

Negative Positive AGID ELISA

36. / SIGNATURE OF TECHNICIAN

35. REMARKS

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U.S. DEPA ANIMAL AND PL EQUINE INFECTIOL	NATION OF AGRICULTURE ANT HEALTH INSPECTION SERVICE US ANEMIA LABORATOR Memorandum 555.16)	/ TEST	serial no. Q067929	1. ACCES	SION NUMBER	2. DATE I DRAW	BLOOD
Forms Without Adequate	Descriptions Of The Hor	se and Comple	ete Addresses Inc Be Processed.	luding Zip Cod	les, Counties	, and Tel	ephone
3. REASON FOR TESTING	Show F	irst Test	7. NAME AND ADDR	ESS OR STABLE/	MARKET (Please p	orint or type)	
Market Change of O	wnership Retest E	s, TEST TYPE					
SYSTEMS (GIS)	OR ACCREDITATION NO.	A)ELISA	N/3		Zip Code		
LAT: LONG:	1167	AGID	Tel No.		County		
8. NAME AND ADDRESS OF OWN			9. NAME AND ADDR	ESS OF VETERINA	ARIAN (Please prin	nt or type)	
MENN'IS CHAVE?			CVER	ASMEP DUM.		_	
6 S/V TIVESTOCK			5900 101	VES PLACE	Zip Code		
Tel No.	Zip Code County			ROUE NM	County		
Terro.		OE SEDERALLY	ACCREDITED VET	SIU-4711 ERINARIAN		REEN	<u> </u>
I certify the spec	imen submitted with this form v	vas drawn by me	from the horse desc	ribed below on th	e date indicated		
10. SIGNATURE OF FEDERALLY ACCE	EDITED VETERINARIAN		11. TYPE OR PRINT SK	SNATURE NAME		12. SIGNAT	TURE DATE
<u> </u>			C.Y. bkAS			16/1	3/1/
l ce	CERTIFICA ave examined this form and, to	ATION OF OWNED the best of my k	R OR OWNER'S AG	SENT this form is true.	correct and com	plete.	,
13. SIGNATURE OF OWNER OR OWNE			14. TYPE OR PRINT SI				TURE DATE
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			- Fetlock, 4 - Knee, 5 - H				
25. HEAD			26. OTHER MARKS AND E				
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27. LEFT FORELIMB	, ,	4	28. RIGHT FORELIMB				
29. LEFT HINDLIMB			30. RIGHT HINDLIMB				
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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).

FOR LABORATORY USE ONLY

33. DATE REPORTED OUT

34. TEST RESULTS

35. REMARKS

Negative Positive

32. DATE RECEIVED

36. SIGNATURE OF

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

ELISA

AGID

ANIMAL AND PLAN	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE S ANEMIA LABORATORY	/ TEST	SERIAL NO. 00679300	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
	lemorandum 555.16)		G	ACL. 11150	6/13/11
Forms Without Adequate	Descriptions Of The Hors	se and Comple nbers Will Not	ete Addresses Includi Be Processed.	ng Zip Codes, Counties	, and Telephone
3. REASON FOR TESTING Market Change of Ow	ز ا	irst Test	7. NAME AND ADDRESS	DR STABLE/MARKET (Please p	print or type)
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE		, ,	
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO.	Æ LISA	M/A.	Zip Code	
LONG:	1167	☐ AGID	Tel No.	County	
8. NAME AND ADDRESS OF OWNER	R (Please print or type)		9. NAME AND ADDRESS	OF VETERINARIAN (Please prin	nt or type)
DENNIS CHAVEZ			C.Y. BRASMI	er dum.	
@ S/W. LIVESTOCK A	WCTION.		5900 JONES		
LOS LUNAS.	Zip Code		ALBUQUEROU	NM. Zip Code	87126
Tel No.	County NN		Tel No. (505) 610-	-4711 County	BERNALTHAN
I certify the specin	CERTIFICATION of the nen submitted with this form w		ACCREDITED VETERIN		above.
10. SIGNATURE OF FEDERAL (b) (6)			11. TYPE OR PRINT SIGNATU		12. SIGNATURE DATE
(b)(b)	STRUMENT OF THE STRUMENT OF TH	ħ.	C.Y. BRASMER	DVM.	6/13/16
	CERTIFICA	ATION OF OWNE	R OR OWNER'S AGENT		· · · · · ·
f certify that I ha	eve examined this form and, to	the best of my k	nowledge and belief, this t	form is true, correct and com	plete.
13. SIGNATURE OF OWNER OR OWNER	r'S AGENT	ļ	14. TYPE OR PRINT SIGNATU	JRE NAME	15. SIGNATURE DATE
16. Official 4s				22.	23. M - Maig
Tube 18. No. Tag Tattoo	19. ខារ របស់ ពេល ពេល ពេល លើ វិហាការ តែកែកកក	# 63111 4811 4881	20. 21. Color Breed	Electronic A	ge or Sex F - Female
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	1 - Core	onet, 2 - Pastern, 3	- Fetlock, 4 - Knee, 5 - Hock		
	NARR	ATIVE DESCRIP	TION AND REMARKS		
25. HEAD			26. OTHER MARKS AND BRAND	S ,	
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27. LEFT FORELIMB			28. RIGHT FORELIMB	\mathcal{A}	
		· ·			
29. LEFT HINDLIMB		:	30. RIGHT HINDLIMB		
31. LABORATORY NAME/CITY/STATE			ORY USE ONLY		
	32. DATE RE	2 / / /	33, DATE REPORTED OUT	34. TEST RESULTS	
ALBUQUERQUE COGGIN		>//U	4/15/1	Negative Positive	AGID ELISA
ALBUQUERQUE, NA.	36. SIGNAT	URE OF TECHNICIAN		35. REMARKS	

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VS FORM 10-11 (MAY 2003)





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

Name and Address of Exporter:
 Nombre y Dirección del Exportador:

Dennis Chavez 24 Dallies Rd.

Los Lunas, NM 87031

2. Name and Address of Importer: Nombre y Dirección del Importador:

Orozco Importaciones de RL de CV Rio Nilo #4135 Local 5, Cordova-Americas

Cd. Juarez, Chih. MX 32310

	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
985	170000655287	Female	<u>Quarterhors</u>	e 36mo.	Sorrel strip r/h sock	work .	NM
985	170000655847	Female	Quarterhors	e 96mo.	Buckskin star snip r/f l/h		NM
985	170000657311	Gelding	Paint	48mo.	red/white Paint	work	NM
985	170000657492	Gelding	Quarterhors	e 72 mo.	Dun	work	NM
985	170000665754	Gelding	Ouarterhors	e 72mo.	Sorrel strip r/f r/h l/h s	ock work	MM
985	170000667474	Gelding	Paint	84mo.	Black/white Paint	work	NM
			Quarterhors	e 24mo.	Buckskin 1/h sock	work	NM





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

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9	85170000635260	Female	Paint,	144mo.	Brown/white Paint	work	NM
g	8517000065623 3	Gelding	Quarterhors	e 60mo.	Sorrel strip	work	NM
	85170000656236				Roan star	work	NM
١	85170000657543		Paint	36mo.	Brown/white` Paint	work	NM
-	85170000657625		Quarterhors	e 60mo.	Gray snip r/h sock	work	ŅM
	985170000654392		ı	24mo.	brown/white Paint	work	NM .
	85170000653581		Paint	36mo.	Brown/white Paint	work	⊋. NM

Appears over the Certificate Number)



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9	85170000652306	Female	Quarterhore	se 84mo.	Dun	work	NM
	35170000653776		Quarterhor	se 24 mo.	Sorrel str i p 1/h stocking	work	'NM
9	85170000653807	Gelding	Paint	84mo.	Brown/white Paint J2 1/s	work	NM
-	85170000657600			24mo.	Brown/white Paint	work	NM
	85170000635819		Appaloosa	60mo.	Appaloosa	work	MM
	85170000636064		Quarterhors	e 84mo.	Buckskin	work	NM
	85170000665555				Sorrel strip r/f r/h 1/h so	ock work	NM

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9	35170000667187	Female	Quarterhor	se 36mo.	Bay star snip 1/h sock	work	NM
	85170000652876		Quarterhors	e 84mo.	Dun star snip r/h sock	work	NM.
	85170000651788		Quarterhors	e 36mo.	Bay Baldface 1/h sock	work	NM
	85170000666528			84mo.	Brown/white I -N 1/s Y 1/h		NM
	85170000635725			e 84mo.	H I Sorrel strip	work	ΝМ
	85170000655292				Sorrel, star r/h coronet	work	NM
- 1	85170000655358				Black star r/h sock 🔽	/h work	NM

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

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Dennis Chavez

Los Lunas, NM 87031

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Orozco Importaciones de RL de CV Rio Nilo #4135 Local 5, Cordova-Americas

Cd. Juarez, Chih. MX 32310

	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
9	35170000665047	Female	Paint	84mo.	Sorrell paint	work	NM
	85170000654947		Quarterhors	e 36mo.	Sorrel star snip	work	NM.
	85170000651772		Quarterhors		Sorrel strip 4 stockings	work	NM
	85170000655 75 2	·	Quarterhors	e 84mo.	Sorrel strip -N 1/s XH 1/h 2 hind #ocks	snip work	NM
	85170000667218		Quarterhors	e 48mo.	Bay strip 2 hind sock	work	MM
	8517000065327 1		Quarterhors	0/	Sorrel star s r/h coronet	nip work	NM
	85170000665709		Quarterhors		Sorrel strip 1/h sock	work	NM





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

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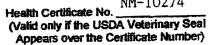
Orozco Importaciones de RL de CV Rio Nilo #4135 Local 5, Cordova-Americas

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985170000665331	Gelding	Quarterhors	e 72mo.	Gray -N 1/s DS 1/h	work	NM
985170000654265	Gelding	Quarterhors	e 48mo.	Buckskin strij -N 1/s O 1/h	work	NM
985170000636233		Paint	12mo.	n sockVO Brown/white pa C A 1/h	work	NM
9851.70009636230	Gelding	Paint	12mo.	Red/white pai C ∕4 1/h	nt work	NM
985170000652842	Male	Paint	•	Black/white Paint	work	,NM
98517000065345		Paint	24mo.	Red/white Pai C オ 1/h	work	NM
98517000063562		Appaloosa	12mo.	Roan Appaloos C 1/h	a strip work	NM







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9	35170000664952	male	Paint	12mo.	Red/white Pai C 적 1/h	work	NM
	8517 0 000665583		Paint	12mo.	Black/white I	work	NM.
	85170000664909		Paint	12mo.	Brown/white C 1/h	work	NM
	85170000657621		Quarterhors	e 48mo.	C ~ 1/h	ns socks star work	NM
-	85170000667426		Paint	12mo.	Black/white C*1/h	work	NM
	.85170000654254		Paint	12mo.	Black/white P C∕¶1/h	work	NM
	85170000636680		Paint	12mo.	Black/white P C ベ 1/h	aint work	NM





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98	35170000666692	Male	Quarterhors		Black r/h soc C ~ 1/h	work	NM
	85170000331896		Paint	12mo.	Gray/white Pa C 1/h	work	NM
	85170000 34399 7		Paint	12mo.	Brown/white P C₹1/h	work	NM
	85170000333498		Paint	12mo.	Black/white p	aint work	NM
	85170000365454		Paint	12mo.	C-1/h Roan/white Pa C-1/h blue		-NM
-	85170000372628		Paint	24mo.	Gray paint C.적1/h	work	NM
	85170000367004		Paint	24mo.	1010101	Paint	<i>3.</i> ,

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

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9	35170000332731	Gelding	Quarterhors	≥ 24mo.	Buckskin stri C∕¶1/h	p work	NM
9	85170000335820	Female_	Paint	36mo.	Brown/white p C√1/h	aint work	ЙМ
	85170000353166		Quarterhors	e 36mo.	Red Roan star C-71/h 2 hind		NM
	85170000345831		Quarterhors	e 36mo.	Sorrel strip 1/h coronet	work	NM
	85170000667468		Quarterhors	е 36mo.	Black star	work	им
	85170000653982		Quarterhors	e 48mo.	Dun star 2 hind coron	et work	NM
1	85170000656704		Quarterhors	e 24mo.	Bay star	work	NM





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985170000653421	Gelding	Quarterhors	e 36mo.	Bay r/h sock	work .	NM.
985170000654842			(hestnut star 1/h sock	snip work	NM*
985170000666140				Bay star	work	NM
985170000653167				Sorrel star 4 socks	nip work	NM
985170000657315		Quarterhors		Sorrel strip 4 socks	snip work	ŊM
985170000657345		Paint		Black/white Paint	work	NM
985170000665893		Quarterhors	I .	Bay star 2 hind sock	work	NM







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985170000657571	Female	Quarterhors	e 24mo.	Palomino str 1/f 1/h r/h	p ock work	NM
985170000666747	Gelding	Quarterhors		Bay 91 _{6 1/h}	work	NM
985170000656284	Female	Quarterhors	e 36mo.	Buckskin	work	NM
985170000666111		Quarterhors	l .	Sorrel strip ID 1/j 1/h	work	NM
985170000653369		Quarterhors		r/f r/h sock Sorrel star	work	; NM
98517000065695		Quarterhor	se 48mo.	Sorrel	work	NM
98517000066475			24mo.	Red/white Paint	work	NM

Appears over the Certificate Number)







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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
985170000665030	Male	Quarterhors	e 24 mo			NM
985170000651914	Female	Quarterhors	e 36mo	Buckskin \i 2 front sock		NM
985170000653053	Gelding	Quarterhors	e 36mo.	chestnut	work	NM
985170000635684		_		Sorrel baldfa 4 sock blue e		NM
985170000657829		Quarterhors		Roan	work	NM
985170000665872		Quarterhor	se 60mo.	Buckskin	work	NM
98517000065402		Quarterhor	se 36mo.	Gray star	work	». NM





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. Nombre y Dirección del Exportador:

Dennis Chavez 24 Dallies Rd.

Los Lunas, NM 87031

Name and Address of Importer: Nombre y Dirección del Importador:

Orozco Importaciones de RL de CV Rio Nilo #4135 Local 5, Cordova-Americas

Cd. Juarez, Chih. MX 32310

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
985170000656300	Gelding	Quarterhors	e 48mo.	Sorrel strip r/h sock	work .	NM
985170000652612	Gelding	Quarterhors	e 48mo.	Bay	work	NМ
985170000652689	,		е 36то.	Black strip	work	NM
985170000653603		Paint .	48mo.	Red/white pai Blue eyes	work	NM
985170000657390		Quarterhors	*C	Buckskin star 2 hind sock	work	ŊМ
985170000654136			se 36mo.	Gray strip 7 1/f 1/h r/h s	ock work	NM
985170000637481			60mo.	Roan appaloos 2 hind socks	a strip work	Ø. NM









Health Certificate No. (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

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Dennis Chavez 24 Dallies Rd.

Los Lunas, NM 87031

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Orozco Importaciones de RL de CV Rio Nilo #4135 Local 5, Cordova-Americas

Cd. Juarez, Chih. MX 32310

	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
98	5170000654754	Gelding	Appaloosa	48mo.	Roan Appaloos star 1/f soc		NM
9.5	35170000654202	Female	Paint	60mo.	Gray Paint Baldface	work	- NM
9.8	35170000664530	Gelding	Quarterhors	e 72mo.	Gray	work	NM
-	35170000 <u>6</u> 53332			48mo.	Red/white Pa	int work	NM
Г	85170000652146			e 48mo.	Sorrel star	work	NM
- 1	8517000065474				Sorrel star	ock work	NM
	8110000237317					work	NM

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Appears over the Certificate Number)





Import and Export

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. Nombre y Dirección del Exportador:

Dennis Chavez 24 Dallies Rd.

Los Lunas, NM 87031

2. Name and Address of Importer. Nombre y Dirección del Importador.

Orozco Importaciones de RL de CV Rio Nilo #4135 Local 5, Cordova-Americas

Cd. Juarez, Chih. MX 32310

Identification number, tattoo or microchip/ Número de tdentificación, 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
81100002368224	Female	Quarterhors	e 60mo.	Gray Roan	work .	NM
81100002375345				Bay	work	ŇM
,		·				7億
		:				نر
			-			7.

Import and Export



CERTIFICATION STATEMENTS / CERTIFICACIONES

- Horses originate from the United States 1. Los animales son originarios de los Estados Unidos.
- The animals are individually identified indicating: color, sex, breed, age, marks or tattoo or 2. microchip. Identificación individual de los animales, señalando color, sexo, raza, edad y marcas (reseña), o tatuaje o microchip.
- The animals remained in the United States during the 60 days prior to export. 3. Los animales permanecieron en los Estados Unidos durante 60 días previos a la exportación.
- The animals were inspected at the farm of origin and were found free of reportable diseases; 4. 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.
- The animals are free of ectoparasites or were treated against ectoparasites. (Indicate the 5. date and name of the product). Oue se encuentran libres de ectoparásitos o que recibieron un tratamiento, indicando fecha y el producto utilizado. The animals are free of ectoparasites.
- At the farm origin and in adjacent farms, there have been no cases of dourine, Venezuelan 6. equine encephalitis, vesicular stomatitis, epizootic lymphangitis, ulcerative lymphangitis, glanders, piroplasmosis, and surra during 60 days prior to export. Oue 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 epizoótica, 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.





Health Certificate No. NM-10274
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Equine infectious anemia: AGH3 test (Coggin's test) of ELISA.

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

Anemia infecciosa equina: agar gel immunodifusión (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.
- 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
	USDA, APHIS, Veterinary Services
	6200 Jefferson St., NE, Suite 117
C.Y. Brasmer, DVM	Albuquerque, New Mexico 87109
Name of Accredited Veterinarian	Name of Endorsing Federal
Nombre del Médico Veterinario	Veterinarian Paul Sciglibaglio D.V.M.
Acreditado	Nombre del Médico Veterinario
	Federal que endosa. Area Veterinarian
(b)(6)	(b)(6) n Charge, NM
6/14/10	ate: 06-16-2010
Signature of Activities Veterinarian (Date	gnature of
Firma del Médico Veterinario Acreditado	Endorsing Federal Veterinarian
(Fecha)	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).

o0679151

1. ACCESSION NUMBER

					ACL.		
Forms Without Adequa	te Descriptions Of The Hor Nun	se and Comp	olete Addresse ot Be Processe	es Including 2 ed.	Zip Codes, Count	ies, and Tele	ephone
3. REASON FOR TESTING		irst Test			TABLE/MARKET (Plea	se print or type)	
Market Change of	Ownership Retest E	xport	,				*
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE					
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO.	XAELISA		n/h.	Zip C	ode	· · · · · · · · · · · · · · · · · · ·
LONG:	1167	AGID	Tel No.		Cour	nty	
8. NAME AND ADDRESS OF OW			9. NAME AND	ADDRESS OF V	ETERINARIAN (Please	print or type)	***
LANNIS CHARES			C.Y.	BRASMER	DVM.		
a chi investork	ATICTTON			LONES PL			
PAMILI 26.1	Zip Code			OUEROUE.		ode 8712	Û
Tel No.	County			5) 610-47		ity bekna	LILLS
	CERTIFICATION						4
certify the spe	cimen submitted with this form w					ated above.	
10. SIGNATURE OF FEDERALLY ACC	PEDITED VETERINARIAN	The same statement of	11. TYPE OR PI	RINT SIGNATURE N	AME	12. SIGNAT	
	(b)(6)		C.Y. F	BRASMER DV	TA.	(01	1511
	CERTIFICA	ATION OF OWN	ER OR OWNER				
I certify that I	have examined this form and, to				is true, correct and	complete.	
13. SIGNATURE OF OWNER OR OW	VER'S AGENT	3	14. TYPE OR P	RINT SIGNATURE A	AME	15. SIGNA	TURE DATE
16 . Official 18.	. 10		20.	21,	22.	23, 24,	M - Male
No. Tag Tattoo/Bri			Color	Breed	Electronic I.D. No.	Age or Sex	F - Female
			- FO 1	a-cotel			G - Gelding
	985 170 000 655	287	perfect	hux		3 8	N - Neuter
	SHOW ALL SIGNIFICA	NT MADEIN	CS WHODIS		ND SCARS		1
			3 - Fetlock, 4 - Kne		3 2		
25. HEAD	- NARR	ATIVE DESCRI	PTION AND RE				
5	LEDY.		26. OTHER MARKS	S AND BRANUS			
27. LEFT FORELIMB			28. RIGHT FOREL	IMB	/	,	
29. LEFT HINDLIMB	/		30. RIGHT HINDLI	мв	CK		
		FOD : 4555	TODY :: 27 5:::		. Y [
31. LABORATORY NAME/CITY/STA			TORY USE ONL		Tray provide		
	(011)	5777	33. DATE REPORT	111	TEST RESULTS		
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ALBUQUERQUE, NM.	. SIGNAT	URE OF TECHNICIA (b)(6)	AN : I	35.	REMARKS		
					<u> </u>	turan araban	
Falsification of this t	form or knowingly using a fals imprisonment for r		al offense	e and may resu (Ú.S.C. Section	ilt in a fine of not m n 1001).	ore than \$10,0	00 or

serial no. 0679152 1. ACCESSION NUMBER

Forms Without Adequa	ate Descriptions Of Th	ne Horse and Comp Numbers Will No	liete Addresses Including	Zip Codes, Countie	es, and Telephone					
. REASON FOR TESTING	Show	First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)							
Market Change o	f Ownership Retest	Export	3							
GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE								
SYSTEMS (GIS) LAT:	OR ACCREDITATION N	LABOR	N/A.	Zip Coo	le					
LONG:	1167	AGID	Tel No.	Count						
B. NAME AND ADDRESS OF OV	VNER (Please print or type)		9. NAME AND ADDRESS OF	VETERINARIAN (Please p	rint or type)					
DENNIS CHAVEZ			C Y BRASME	R DUM.						
@ S/W. LIVESTOC			5900 JOKES PLACE NW.							
LOS LUNAS.	Zip Code		vi encherche							
Tel No.	County	N'M.	Tel No. (505) 610-		BERRALLE					
)4:6 - 61			Y ACCREDITED VETERINAL		ad abour					
		jorm was drawn by me	e from the horse described b		12. SIGNATURE DATE					
10. SIGNATURE OF FEDERALLY AC	CCREDITED VETERINAR	_2 4	Section 2 secretary to the management of the control of the contro		2. SIGNATURE DATE					
			C.Y. BRASMER	UVM.						
I cortify that			IER OR OWNER'S AGENT knowledge and belief, this for	m is true, correct and co	molete					
13. SIGNATURE OF OWNER OR OV		and, to the best of my	14. TYPE OR PRINT SIGNATURE		15. SIGNATURE DATE					
Company Statement of the particle of the statement of the	The state of the s		THE ON PRICE STORM ON		The second second					
16. Official 18.				22.	23. 24 M - Male					
Tube No. Tag Tattoo/Bran	985 170 000		20. 21. Calor Breed	Electronic I.D. No.	Age or Sex F - Female					
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	, 00 170 000	655 847	Skin huse		N - Neuter					
	3 2		3 - Fetlock, 4 - Knee, 5 - Hock	3 2						
25. HEAD	* +5 / I		26. OTHER MARKS AND BRANDS							
	JUNE TOP	10	-							
27. LEFT FORELIMB		-	28. RIGHT FORELIMB	(Oronot						
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		FOR LABORA	TORY USE ONLY							
31. LABORATORY NAME/CITY/ST	ATE 32.	DATE RECEIVED	33. DATE REPORTED OUT 3	4. TEST RESULTS						
ALBUQUERQUE COG	GINS LAB.	4117111	V11911U	Negative Positive	AGID ELISA					
ALBUQUERQUE, NE		SIGNATURE OF TECHNICA	3	5. RÉMARKS	1					
•	¥	(-)(-)								
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o0679153

1. ACCESSION NUMBER

		Numbers Will No		
REASON FOR TESTING	Show	First Test	7. NAME AND ADDRESS OR STABLE	MARKET (Please print or type)
Market Change of C		Export 6. TEST TYPE		
SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.		D. 12	Zip Code
LAT: LONG:		AGID	N/A.	
NAME AND ADDRESS OF OWN	IFR (Please print or type)		9. NAME AND ADDRESS OF VETERIN	County
	iele (i ieddo pink or type)		3. NAME AND ADDICES OF VETERII	TATALAN (Journal of type)
DENNIS CHAVEZ @ S/W. LIVESTOCK	A 1 - D D - 2 - 2 - 2 - 2		C.Y. BRASMER DVA.	•
LOS LINAS	Zip Code		5900 JONES PLACE	NW - Zip Code
el No.	County	NA:	Tel No. ALBUQUERQUE	County
	CERTIFICA		Y ACCREDITED VETERINARIAN	DURNAGELES
I certify the spec			e from the horse described below on	the date indicated above.
. SIGNATURE OF FEDERALLY ACC			11. TYPE OR PRINT SIGNATURE NAME	12, SIGNATURE DATE
			C.Y. BRASMER DVG	
			VER OR OWNER'S AGENT	, ,
		and, to the best of my	knowledge and belief, this form is true	
3. SIGNATURE OF OWNER OR OWN	ER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
16 . Official 18				22. 23. A. M. Male
ube Towns	II			lectronic Age or Say 5 - Famale
				1.D. No. DOB G- Geldin
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1	3 2	- Coronet, 2 - Pastern,	3 - Fetlock, 4 - Knee, 5 - Hock	3 2 1
		ARRATIVE DESCR	PTION AND REMARKS	
25. HEAD	12.20		26. OTHER MARKS AND BRANDS	
			28. RIGHT FORELIMB	
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	yant -		30. RIGHT HINDLIMB	Par 1
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29. LEFT HINDLINB 21. LABORATORY NAME/CITY/STAT ALBUQUERQUE COGGIR	S LAB.	ATERECENED O	TORY USE ONLY 33. DATE REPORTED OUT 34. TEST RE Nega	
9. LEFT HINDLIMB 31. LABORATORY NAME/CITY/STAT	S LAB.		TORY USE ONLY 33. DATE REPORTED OUT 34. TEST RE Nega	ative Positive AGID . ELIS

ee reverse for more OMB inform	nation.		FC	ORM APPROVED - C	OMB NUME	BER 0579 - 0127
EQUINE INFECTIOU	ARTMENT OF AGRICULTURE ANT HEALTH INSPECTION SERVICE US ANEMIA LABORATOR' Memorandum 555.16)	Y TEST	serial no. 0679154	1. ACCESSION N	UMBER	2. DATE BLOOD DRAWN .
orms Without Adequate	Descriptions Of The Hor Nur		plete Addresses Includir et Be Processed.	g Zip Codes, C	ounties	, and Telephone
ASON FOR TESTING Market Change of O		irst Test xport	7. NAME AND ADDRESS O	R STABLE/MARKE	T (Please p	rint or type)
EOGRAPHIC INFORMATION (STEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	N/A.			
AT:		AGID			Zip Code	
ONG:	1167	T voin	Tel No.	F LINE MILLARIANI	County	4 22 4 22 3
AME AND ADDRESS OF OWN	ER (Please print or type)		9. NAME AND ADDRESS C	ess seen ser	Please prin	it or type)
ENAIS CHAVEZ	·		C.Y. BRASMLI			
S/W. LIVESTOCK A			5900 JONES I			0717/:
OS LUNAS.	Zip Code		ALBUQUERQUE		Zip Code	
No.	County Nia.		Tel No. (505) 610-4		County	BERNALILLA
I certify the speci	CERTIFICATION imen submitted with this form v		Y ACCREDITED VETERINA e from the horse described		indicated	above.
SIGNATURE OF FEDERALLY ACCRED (6)(6)			11. TYPE OR PRINT SIGNATUR			12, SIGNATURE DATE
			C.Y. BRASHER I	OVM.		10115111
I certify that I h	CERTIFICA nave examined this form and, to		IER OR OWNER'S AGENT knowledge and belief, this for	orm is true, correct	and com	plete.
SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR PRINT SIGNATUR	RE NAME		15. SIGNATURE DATE
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HEAD	\	·	26. OTHER MARKS AND BRANDS		à.	
LEFT FORELIMB			28. RIGHT FORELIMB	- , f		
	· •		and the state of t	10 E 170		

27. 29. LEFT HINDLIMB 30. RIGHT HINDLIMB FOR LABORATORY USE ONLY 31. LABORATORY NAME/CITY/STATE 33. DATE REPORTED QUT 34. TEST RESULTS ALBUQUERQUE COGGINS LAB. Negative Positive AGID ELISA 36. SIGNATURE OF 1(b)(6) 35 REMARKS ALBUQUERQUE, NM.

Faisification of this form or knowingly using a faisified 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).

serial no. q0679155 1. ACCESSION NUMBER

(VS N	lemorandum 555	.16)					ACL.	F 3 6 22		10
Forms Without Adequate	Description	s Of The	Horse and	Comp	lete Addresse t Be Processe	s Including	Zip Codes	, Counties	s, and To	elephone
3. REASON FOR TESTING	. []	Show [First Test		7. NAME AND		STABLE/MAR	KET (Please	print or typ	e)
Market Change of Ow	nership	Retest	Export							
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY OR ACCREDIT		6. TEST			M/i.				
LAT: LONG:	1000		□ AG					Zip Code	1	
11-130-1971-1993		1167			Tel No.	ADDRESS OF	VETERNIARIA	County	nt or timal	
8. NAME AND ADDRESS OF OWNE DENNIS CHAVEZ	K (Please print of	r type)	.*		THOSE PROPERTY OF THE PROPERTY	BKASMER		M (Please pli	ni or type)	
@ S/W. LIVESTOCK A	LUCTION.	-			5900	JONES P	LACE NW.			
LOS LUNAS.		Code			ALBU	QUEKQUE,	Mr.	Zip Code	, 87	126
Tel No.	Cou	inty	NM.		Tel No. (50	5) 610-4	711	County	BER	NALLLU
I certify the specin					Y ACCREDITED			ate indicated	d above.	
10. SIGNATURE OF FEDERALLY AC					11. TYPE OR PE	RASMER D	NAME			ATURE DATE
		OF DE	FIGATION C)F 0\\\	ER OR OWNER		****			A A A Source
					knowledge and l	belief, this for		ect and com		
13. SIGNATURE OF OWNER OR OWNER	S AGENT	Dr.	*		14. TYPE OR PF	RINT SIGNATURE	NAME		15. SIGI	NATURE DATE
16. Official 18. Tube No. Tag Tattoo/B					20. Color	21. Breed	22. Electron I.D. No		ane or	24. M - Male Sex F - Female
	35 1 <i>7</i> 0 (000 6	65 <i>75</i> 4		Sollel	arte	1.57,100		60	G - Gelding N - Neuter
	SHOW AT	L CICNII	ICANT MA	DVING	SS, WHORLS.	PRANDE	ND SCADS	<u></u>	-	2 1
					3 - Fetlock, 4 - Kner			3 2		
25. HEAD				DESCRI	PTION AND RE					
Stak	- (317)	ati.	<u>chip</u>	۳.	26. OTHER MARKS	MNU BKANDS				
27. LEFT FORELIMB		***************************************	- and the series and a specimens.		28. RIGHT FORELI	MB	OCC			
29. LEFT HINDLIMB	ch				30. RIGHT HINDLIN		OCL			
		· · · · · · · · · · · · · · · · · · ·	FOR LA	ABORAT	TORY USE ONL		4			
31. LABORATORY NAME CITY/STATE ALBUQUERQUE COGGI ALBUQUERQUE, NM.	NS LAB.		TE RECEIVED	0	33. DATE REPORT	ED OUT 34	Negative [Positive	☐ AGII	D ∰ELISA
Falsification of this for	m or knowing impri	ly using a sonment	faisified for	rm is a cree than 5	criminal offense years or both	and may res	sult in a fine o	of not more	than \$10),000 or

SERIAL NO. 00679156 1. ACCESSION NUMBER

Forms Without Adequate			olete Addresses Including Zip Codes, Countles, and Telephone of Be Processed.
3. REASON FOR TESTING		st Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
Market Change of C			, , , , , , , , , , , , , , , , , , ,
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE	
SYSTEMS (GIS)	OR ACCREDITATION NO.	☐ XELISA	N/A. Zip Code
LAT: LONG:	1167	AGID	Tel No. County
8. NAME AND ADDRESS OF OWN			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
DENNIS CHAVEZ			
@ S/W. LIVESTOCK	ATICTTON		C.Y. GRASHER DVM. 5900 JONES PLACE NW.
LOS LUNAS.	Zip Code		ALBIOUEROUE ARE Zip Code 87.50
Tel No.	County NM		Tel No. (505) 610-4711 County WELLING TO
			Y ACCREDITED VETERINARIAN
I certify the spec			e from the horse described below on the date indicated above.
10. SIGNATURE OF FEDERALLY (b)	6) ERINARIAN		11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATE
			C.Y. BRASMER DVM. CIT 3/1.
	CERTIFICA	TION OF OWN	NER OR OWNER'S AGENT
I certify the	ined this form and, to	the best of my	knowledge and belief, this form is true, correct and complete.
13. SIGNATURE OF OWNER OR OWNE	ER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DATE
16 . Official 40	IN IN BANKAN AND IN SUBSIA BUSIA	ANT 1881	20. 21. 22. 23. 24. M · Male
No. Tag Tati			Color Breed I.D. No. DOB Sex F-Fema
98.	5 1 <i>7</i> 0 000 667 47		Black Paint 17 1 G-Geld
			white / 6
	3 2 1 - Coro	net, 2 - Pastern, 3	3 - Fetlock, 4 - Knee, 5 - Hock
	NARRA	TIVE DESCRI	IPTION AND REMARKS
25. HEAD			26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	THE CONTRACTOR		28. RIGHT FORELIMB
			4.0
29. LEFT HINDLIMB	rice /	,	30. RIGHT HINDLIMB
		OR LABORAT	TORY USE ONLY
31. LABORATORY NAME/CITY/STATI			33. DATE REPORTEDIOUT 34. TEST RESULTS
ALBUQUERQUE COGGI ALBUQUERQUE, AM.	INS LAB. Of 36. SIGNATU	RE OF TI(b)(6)	Negative Positive AGID ELI
Falsification of this fo	orm or knowingly using a faisit imprisonment for n	fied form is a cot more than 5	criminal offense and may result in a fine of not more than \$10,000 or 5 years or both (U.S.C. Section 1001).

See reverse for more OMB information.				FOR	RM APPROVED - (OMB NUMB	ER 0579 -	0127
U.S. DEPARTMENT OF AGRICU ANIMAL AND PLANT HEALTH INSPEC EQUINE INFECTIOUS ANEMIA LA (VS Memorandum 555.1	TION SERVICE	TEST	QUETS		1. ACCESSION N	IUMBER	2. DATE DRAW	
Forms Without Adequate Descriptions		se and Comp			Zip Codes, C	ounties,	and Tel	ephone
		rst Test		7	STABLE/MARKE	T (Please pi	rint or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) 5. VETERINARY LI	ICENSE	6. TEST TYPE		N/A.		7: 0 1		
LAT: LONG:	1167	AGID	Tel No.			Zip Code County		
8. NAME AND ADDRESS OF OWNER (Please print or I	type)	-	9. NAME AND	ADDRESS OF	VETERINARIAN (Please print	or type)	
DENNIS CHAVEZ			C.Y					
6 S/W. LIVESTOCK AUCTION.	'ode) MARK F	,	Zip Code		
LOS LUNAS. Zip C		**************************************		IQUERQUE		County	£71	
	- 1417	OF FEDERALLY)5) 610-4		·	BAR	All.
I certify the specimen submitted w						indicated	above.	
10. SIGNATURE OF FEDERALLY (b)(6) ERINAR				RINT SIGNATURE			·	TURE DATE
			C.Y. 1	SKASMER D	VM.		1011	5110
		TION OF OWN	ER OR OWNER	R'S AGENT				, I
I certify that I have examined the	is form and, to	the best of my I	knowledge and	belief, this for	n is true, correct	and comp	olete.	
13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PI	RINT SIGNATURE	NAME		15. SIGNA	TURE DATE
16. Official 18			20.	21.	22. Electronic		23. ge or 24	
No. Tau Tattoo/ 985 170 00	00 653	- 56	Ruch	Breed Up.V14J	1.D. No.		OB Ser	F - Female G - Gelding N - Neuter
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show ali	L SIGNIFICA	NT MARKING	S, WHORLS,	BRANDS, A	AND SCARS			
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1 2	3	K.	ğ	3		3 2	4	
		net, 2 - Pastern, 3						
	NARRA	ATIVE DESCRIP					,	
25. HEAD			26. OTHER MARKS	S AND BRANDS		متسميم		
27. LEFT FORELIMB	side and the same of the same		28. RIGHT FORELI	MB			***************************************	
29. LEFT HINDLIMB			30. RIGHT HINDLIN	AB	-			

Falsification of this form or knowingly using a falsified for the state of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

36. SIGNATURE OF TECHNICIAN

FOR LABORATORY USE ONLY

33. DATE REPORTED OUT

34. TEST RESULTS

35/ REMARKS

Negative Positive

31. LABORATORY NAME/CITY/STATE

ALEUQUEKQUE, NM.

ALBUQUERQUE COGGINS LAB.

ELISA

AGID

See reverse for more OMB information	ation.			FORM APPROVED - OMB NUMBER 0579 - 0127				
ANIMAL AND PLA EQUINE INFECTIOU		EPECTION SERVICE LABORATOI		0679158	1. ACCESSION	NUMBER	2. DATE BLOOD DRAWN	
Forms Without Adequate	Description	ons Of The Ho	orse and Compl umbers Will Not	ete Addresses Includin Be Processed.	g Zip Codes,	Counties,	and Telephone	
3. REASON FOR TESTING		Show	First Test	7. NAME AND ADDRESS O	R STABLE/MARK	ET (Pleàse pi	rint or type)	
Market Change of Ov	vnership [Retest -	~Export					
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINAL	RY LICENSE DITATION NO.	6. TEST TYPE	7.73	(A) (V)			
LAT:				Zip Code				
LONG:		1167	AGID	Tel No.	4	County	1	
8. NAME AND ADDRESS OF OWNE	R (Please prin	t or type)		9. NAME AND ADDRESS O		(Please prini	or type)	
DENNIS CHAVEZ	ATTAILTEAN.			C.Y. BRASME				
@ S/W. LIVESTUCK LOS LUNAS.		ip Code		5900 JONES		Zip Code	87120	
Tel No.		•	Ŵ1.	ALBUQUERQUE Tel No. (505) 610-		County	SERNALTION	
				ACCREDITED VETERINA			BERRY	
I certify the specir				from the horse described		e indicated	above.	
18. SIGNATURE OF FEDERALLY (b)(6) JERÍ	NARIAN		11. TYPE OR PRINT SIGNATUR	RE NAME		12. SIGNATURE DATE	
				C.Y. BRASHER	DVM.		1011211	
				ER OR OWNER'S AGENT				
		d this form and,	to the best of my k	knowledge and belief, this fo		and comp	Diete.	
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT			14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE				
16. Official 18 OC				 	22.		23. 24. M - Male	
Tube No. Tag Tattoo/	35 170	000 635	260	20. 21. Color Breed	Electronic		ge or Sex F - Female	
				Bulite Para +	-	7.	G - Gelding	
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	SHOW	ALL SIGNIFIC	ANT MARKING	S, WHORLS, BRANDS,	AND SCARS		_	
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				- Fetlock, 4 - Knee, 5 - Hock PTION AND REMARKS				
25. HEAD		WAN		26. OTHER MARKS AND BRANDS)			
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29. LEFT HINDLIMB		VO		30. RIGHT HINDLIMB	7.			
		<u> </u>	FOR LABORAT	ORY USE ONLY	•		Charles are consequent	

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

36. SIGNATURE OF (b)(6)

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NA.

ALBUQUERQUE COGGINS LAB.

ELISA

AGID

34. KEST RESULTS

35, REMARKS

Negative Positive

serial no. q0679159 1. ACCESSION NUMBER

Forms Without Adequate	Descriptions Of The Hors	se and Compl bers Will No	lete Addresse t Be Processe	s Including	Zip Codes, C	ounties,	and Tele	phone	
3. REASON FOR TESTING		rst Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)						
Market Change of Ow	mership Retest Ex	cport							
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		N/A					
LAT:	SIV AVOILEDITATION ITV.				()	Zip Code			
LONG:	1167	AGID	Tel No.			County			
8. NAME AND ADDRESS OF OWNE	R (Please print or type)				VETERINARIAN (Please print o	or type)		
DENNIS CHAVEZ			C.Y. BRASMER DVM.						
@ S/W. LIVESTOCK A			5900 JONES PLACE NW. ALBUGHEROHE, NM. Zip Code 87120						
LOS LUNAS.	Zip Code	· · ·		QUERQUE, 5) 610-47		Zip Code County			
Tel No.	County NM.	ip penentii.	***************************************			Locarny	BERNA	Usidse	
certify the specir	CERTIFICATION C men submitted with this form w					indicated a	bove.		
10. SIGNATURE OF FEDERALLY ACTION		dimini by inc		RINT SIGNATURE			12. ŞIGNATU	RE DATE	
(D)	(0)			RASMER DI		1	6/11	3110	
	CERTIFICA	TION OF OWN						1	
I certify that	ave examined this form and, to	the best of my	knowledge and	belief, this form	n is true, correct	and compl	ete.	2	
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR PI	RINT SIGNATURE	NAME		15. SIGNATI	URE DATE	
2 1000							bill	<u> 2484</u>	
16. Official 18.	# 10 10 10 10 10 10 10 10 10 10 10 10 10		20.	21.	22. Electronic	23 Age	OF 29.	M - Maie	
No. Tag Tattoo/B			Color	Breed	I.D. No.	DC		F - Female G - Gelding	
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	SHOW ALL SIGNIFICA			huse			100		
	3 1 - Core	met, 2 - Pastern, 3	- Fetlock 4 - Kne	3 2 2 e. 5 - Hock		3 2	1		
		ATIVE DESCRI							
25. HEAD	SMAP 5	vii /2	26. OTHER MARKS	AND BRANDS					
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27. LEFT FORELIMB	The second secon		28. RIGHT FORELI	MB	And the same				
29. LEFT HINDLIMB		-	30, RIGHT HINDLI	VB					
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31. LABORATORY NAME/CITY/STATE		FOR LABORAT			TEOT DEDINGS				
to the state of the control of the c	(01)	5110	33. DATE REPORT	[] [34	TEST RESULTS	Docitive (ACID	IX E ICA	
ALBUQUERQUE COGGII ALBUQUERQUE, NM.		URE OF TECHNICIA	. 11	35,	Negative	Positive	AGID	ELISA	
Falsification of this for	m or knowingly using a falsi imprisonment for n	fied form is a coor more than 5	criminal offense years or both	and may res (U.S.C. Section	ult in a fine of ton 1001).	not more th	an \$10,00	00 or	

EQUINE INFECTIOU	ARTMENT OF AGRICULTURE ANT HEALTH INSPECTION SERVICE IS ANEMIA LABORATOR' Memorandum 555.16)	Y TEST	on 675		ACL. 11 62		TE BLOOD AWN
	Descriptions Of The Hor	rse and Comple mbers Will Not				ties, and 1	elephone
3. REASON FOR TESTING	Show	irst Test			STABLE/MARKET (Ple	ase print or ty	pe)
Market Change of O	T						
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	-	MA	1 -		,
LAT:						Code	
LONG:		AGID	Tel No.		32.000	inty	
8. NAME AND ADDRESS OF OWNE	ER (Please print or type)		1		VETERINARIAN (Pleas	e print or type,)
DENNIS CHAVEZ				BRASMER			
@ S/W. LIVESTOCK A	AUCTION. Zip Code			JONES PI	***************************************	Code 87	120
LOS LINAS. Tel No.			Tel No. (50)	UERQUE,			NALTELA
jer NO.	1021	M				11ty 2513111	ITERAL S. ASIESA
I certify the speci	CERTIFICATION imen submitted with this form v					ated above.	
10. SIGNATURE OF FEDERALLY		· · · · · · · · · · · · · · · · · · ·		RINT SIGNATURE			NATURE DATE
(b)(c	and the second second		C.Y. B	ASMER D	VM.	- Val/	12/11/21
· · · · · · · · · · · · · · · · · · ·	CERTIFIC	ATION OF OWNE				- 10/-	.1
l certify that Th	ave examined this form and, to				m is true, correct and	complete.	
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR PI	RINT SIGNATURE	ENAME	15. \$10	GNATURE DATE
16 . Official 18.	201130100000000000000000000000000000000		20.	21.	22. Electronic	23.	24. M - Male
No. Tag Tattoo/Br			Color	Breed	1.D. No.	Age of DOB	Sex F - Female G - Gelding
9	85 170 000 656		Rows	Q00/ to		171	N - Neuter
	SHOW ALL SIGNIFICA			hal Se			
4	3 2 1-Cor	onet, 2 - Pastern, 3 -	Fetlock, 4 - Knee	5 2 2 e, 5 - Hock	3>2/		
		ATIVE DESCRIP					
25. HEAD	TUL	2	6. OTHER MARKS	AND BRANDS			
27. LEFT FORELIMB		1	28. RIGHT FORELI	МВ . ,		,	
29. LEFT HINDLIMB		3	30. RIGHT HINDLH	ив			
		FOR LABORATO	ORY LISE ON	V			
31. LABORATORY NAME/CITY/STATE	32. /DATE R		33. DATE REPORT		4. TEST RESULTS		
ALBUQUERQUE COGGI	1 1011.	9110 T	0113	$HU\Gamma$	Negative Posit	ive	BID ELISA
ALBUQUERQUE, NM.	36. SIGNAT	TURE OF TECHNICIAN	, ,	3	REMARKS		
zanodonikon) um.		(b)(b)		. '			

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	191
EQUINE INFECTIOUS ANEMIA LABORATORY	TEST
(VS Memorandum 555 16)	

SERIAL NO. Q0679161

1. ACCESSION NUMBER

(VS M	lemorandum 555.16)		3,0000 0 3,000	ACTHE	1 0 11 -11 -
Forms Without Adequate	Descriptions Of The Hor Nur	rse and Comp	lete Addresses Includi t Be Processed.	- 6+ V 6	
3. REASON FOR TESTING	Show F	irst Test	7. NAME AND ADDRESS	OR STABLE/MARKET (Pl	ease print or type)
Market Change of Ow	nership Retest	Export			
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE	•	-	2
SYSTEMS (GIS)	OR ACCREDITATION NO.	XELISA	N/A.	Zip	Code
LONG:	1167	AGID	Tel No.	Co	unty
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS	OF VETERINARIAN (Pleas	se print or type)
DENNIS CHAVEZ			C V BDACK	*00 UO*	
d S/W. LIVESTOCK	AUCTION.		5000 1000	Manar Marra	
LOS LUNAS.	Zip Code	-	AT BUICHERON	TARREST TIME	Code 97150
Tel No.	County N	าง	Tal Na		unty
I certify the specin	CERTIFICATION nen submitted with this form v		Y ACCREDITED VÉTERINA from the horse described		cated above
10. SIGNATURE OF FEDERALLY A (b)		indo Granii by inc	11. TYPE OR PRINT SIGNATU		12, SIGNATURE DATE
To. DIGITAL OF PEDELOCAL POST	ZINING NATION		C.Y. KRASMER	•	[(5/2/15/
	CERTIFICA	ATION OF OWN	IER OR OWNER'S AGENT		
I certify that I ha	eve examined this form and, to				complete.
13. SIGNATURE OF OWNER OR OWNER	'S AGENT		14. TYPE OR PRINT SIGNATU	IRE NAME	15. SIGNATURE DATE
16 . Official 18.	and the right time	1191 (114)	20. 21.	22.	23. 24. M - Male
No. Tag Ta			Calor Breed	Electronic I.D. No.	Age or DOB Sex F - Female
	170 000 657 54	13	Brown Paint		G - Gelding N - Neuter
985	1/0 000 00/ 0-		white		13 t """
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				Jake Care	\
	1		TORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE RI		33. DATE REPORTED/OUT	34. TEST RESULTS	Francis Comm
ALBUQUERQUE COGGIN	S LAD.	9110		Negative Posi	tive AGID ELISA
ALBUQUERQUE, NM.	36. SIGNAT	URE OF TECHNICIA (b)(6)	N '	35. REMARKS	
		1000		É	
					The second secon
Falsification of this for	m or knowingly using a fals imprisonment for i		minal offense and may r	esult in a fine of not r	nore than \$10,000 or

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

on 679162

1. ACCESSION NUMBER

(VS Memo	randum 555.16)				ACL.		· , , ,	1 2
Forms Without Adequate Des			lete Addresse t Be Processe		Zip Codes, Co	unties,	and Tele	phone
3. REASON FOR TESTING	Show Fir	rst Test	7. NAME AND	ADDRESS OR S	TABLE/MARKET	(Please pri	nt or type)	-
Market Change of Owners		port						
	ETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	3	N/A.			***************************************	
LAT:	AND THE STOCKING PROSPECTATION OF THE STOCKING					Zip Code		
LONG:	1167	AGID	Tel No.			County		
8. NAME AND ADDRESS OF OWNER (Pi	ease print or type)		9. NAME AND	ADDRESS OF V	ETERINARIAN (P.	lease print (or type)	
DENNIS CHAVEZ			C.Y.					
@ S/W. LIVESTOCK AUC				JONES PL				
LOS LUNAS.	Zip Code			QUERQUE.	INCS.	Zip Code	8712	<u> </u>
Tel No.	County NM.			5) 610-47	**	County	RERNA	1111
I certify the specimen	CERTIFICATION C submitted with this form wa		from the horse	described belo	w on the date in	ndicated a		
10. SIGNATURE OF FEDERALLY (b)(6)	ERINARIAN			RASMER DV			12 SIGNATU	1' 2 4
			ER OR OWNER				-4-	1
I certify that I have a	examined this form and, to	the best of my				ina compl		UDE CATE
13. SIGNATURE OF OWNER OR OWNER'S AC	JEN I		14. TYPE OR PE	RINT SIGNATURE N	AME		15. SIGNAT	URE DATE
16. Official Tube No. Tag Tattc			20. Color	21. Breed	22. Electronic I.D. No.	Age DC	or 24.	M - Male F - Female
	70 000 657 62	——————————————————————————————————————	arey	a tel		I	B	G - Gelding N - Neuter
	HOW ALL SIGNIFICA		S WHORLS	BRANDS AN	ID SCARS			
1 2 2	1 - Corol	net, 2 - Pastern, 3	- Fetlock, 4 - Knee	3 2 e, 5 - Hock	3		4	
	NARRA	ATIVE DESCRI	PTION AND RE	MARKS				
25. HEAD 5 N?	P		26. OTHER MARKS	AND BRANDS				
27. LEFT FORELIMB			28. RIGHT FORELL	MB				
29. LEFT HINDLIMS			30. RIGHT HINDLIN	WB GC	C-1L		*	
		FOR LABORAT	ORY USE ONL					
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS 1	32, DATE REC		33. DATE REPORT	EDIOUT 34. 1	Negative P	ositive	AGID	☐ ELISA
ALBUQUERQUE, NM.		IRE OF TECHNICIA	1, 2		REMARKS	į		
Falsification of this form or	knowingly using a falsi imprisonment for n		ninal offense	and may result.	It in a fine of no	ot more th	nan \$10,00	00 or

See reverse for more OMB information. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

SERIAL NO. a0679163 1. ACCESSION NUMBER

. (VS M	emorandum 555.16)		ACL.\\\\O\ \\\ O\ \\\\\\\\\\\\\\\\\\\\	13 1
Forms Without Adequate			plete Addresses Including Zip Codes, Counties, and Telepho of Be Processed.	ne
3. REASON FOR TESTING		First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
Market Change of Ow		Export		
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE	- 4	
SYSTEMS (GIS)	OR ACCREDITATION NO.	(ELISA	Zip Code	
LAT: LONG:	1167	AGID	Tel No. County	<u> </u>
8. NAME AND ADDRESS OF OWNER			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)	
DENNIS CHAVEZ	900. 100 0000 H 100 St H F 100 St H		C.Y. BRASMER DVM.	
W S/W LIVESTOCK A	THETTING		5900 JONES PLACE NW.	
LOS LUNAS.	Zip Code		ALBUQUERQUE, NM. Zip Code 87120	(OH-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Tel No.	County NM		Tel No. (505) 610-4711 County BERNALLE	ā.C
	NW	-1	Y ACCREDITED VETERINARIAN	
I certify the specin			e from the horse described below on the date indicated above.	
10. SIGNATURE OF FEDERALL (b)(6)	TERINARIAN		11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE D	ATE
			C.Y. BRASMER DVM.	£
	CERTIFIC	ATION OF OWA	IER OR OWNER'S AGENT	
I certify that I ha			knowledge and belief, this form is true, correct and complete.	
13. SIGNATURE OF OWNER OR OWNER			14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE I	DATE
		*		
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	RTMENT OF AGRICULTURE		SERIAL NO.		1. ACCESSION		2. DATE B	
ANIMAL AND PLA	INT HEALTH INSPECTION SERVICE S ANEMIA LABORATORY	TECT	00579	164	A	u I d	DRAWN	
	Memorandum 555.16)	1631	CHO TO	7.04	1601	1104	0//	
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B. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS O	F VETERINARIAN	(Please prin	t or type)	
DERNIS CHAVEZ				RRASKE				
@ S/W. LIVESTOCK	AUCTION. Zip Code	·			PLACE NU.	Zip Code	~ ~ *	
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	CERTIFICATION	NE EEDERALLY		talina annua mana		1,	Benha	
I certify the speci	men submitted with this form w					indicated	above.	•
10. SIGNATURE OF FEDERALLY ACCI		-	11. TYPE OR PE				12. SIGNAT	URE DATE
			C.Y. B	RASMER	DVM.		16/12	
			ER OR OWNER	'S AGENT			•	
I certify that I h	ave examined this form and, to	the best of my	knowledge and	belief, this fo	rm is true, correc	t and comp	olete.	
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR PI	RINT SIGNATUR	E NAME		15. SIGNAT	URE DATE
16 . Official 18.			20.	21.	22. Electronic		23. ge or 24.	M - Male
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25. HEAD		<u> </u>	26. OTHER MARKS					**************************************
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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).

SIGNATURE OF TEM

FOR LABORATORY USE ONLY

28. RIGHT FORELIMB

30. RIGHT HINDLIMB

34. TEST RESULTS

35. REMARKS

Negative Positive

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

27. LEFT FORELIMB

29. LEFT HINDLIMB

ELISA

AGID

See reverse for more OMB inform			Torona No	FORM APPROVED		1	
ANIMAL AND PLA EQUINE INFECTIOU	ARTMENT OF AGRICULTURE ANT HEALTH INSPECTION SERVICE IS ANEMIA LABORATOR Memorandum 555.16)	TEST	Q067916	5 1. ACCESSION	NUMBER 65	2. DATE B	
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8. NAME AND ADDRESS OF OWNE	ER (Please print or type)		9. NAME AND ADDRE	SS OF VETERINARIAN		nt or type)	
DENNIS CHAVEZ			C.Y. BRAS			,,,	
@ S/W. LIVESTOCK	AUC'TTON.			S PLACE NU			
LOS LUNAS.	Zip Code		ALBIIQUERO	DP NN	Zip Code	8712	<u>() · </u>
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certify the speci	CERTIFICATION (men submitted with this form w		Y ACCREDITED VETER from the horse describ		te indicated	l above.	
10. SIGNATURE OF FEDERALLY A	(6) RÍNARIAN		11. TYPE OR PRINT SIGN	ATURE NAME		12. SIGNAT	JRE DATE
	4		C.Y. BRASMER DVN U &				
certify that I h	CERTIFICA		ER OR OWNER'S AGE		ct and com	plete.	
13. SIGNATURE OF OWNER OR OWNE			14. TYPE OR PRINT SIGN			15. SIGNAT	URE DATE
16 . Official 18.	19.		20. 21			23. Age or 24.	M - Male
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29, LEFT HINDLIMB		30. RIGHT HINDLIMB		
	FOR LABORA	TORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS	
ALBUQUERQUE COGGINS LAB.	DID IV	1 16-112 110	Negative Positive	AGID ELISA
ALBUQUENQUE, NB.		36. SIGNATURE OF TECHNICIAN (b)(6)		
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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).

See reverse for more OMB information	ation.		FORM APPROVED - OMB NUMBER 0579 - 0127					
	RTMENT OF AGRICULTURE INT HEALTH INSPECTION SERVICE		SERIAL NO.		1. ACCESSION	NUMBER	2. DATE B	
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3. REASON FOR TESTING	Show F	irst Test	7. NAME AND	ADDRESS OR	STABLE/MARKE	T (Please pr	rint or type)	
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		N/A.				
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DENNIS CHAVEZ @ S/W_ LIVESTOCK /	AUCTION			RKASMER LIONES P				
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Tel No.	County Min	_		5) 610-4		County	*BERNA	
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33. DATE REPORTED QUT

34. TEST RESULTS

35. REMARKS

Negative Positive

32. DATE RECEIVED

36. SIGNATURE OF TECHNICIAN

31. LABORATORY NAME/CITY/STATE

ALBUQUEKQUE, AM.

ALBUQUERQUE COGGINS LAB.

AGID

U.S. DEPA		SERIAL NO.		1. ACCESSION NUMBE		
EQUINE INFECTIOUS	NT HEALTH INSPECTION SERVICE S ANEMIA LABORATORY femorandum 555.16)	TEST	a0679	167	1116	J G B
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4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE				
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LONG:	1167	AGID	Tel No.		Cou	nty
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS O	F VETERINARIAN (Please	print or type)
DENNIS CHAVEZ	S 240,000 WS 18		C.Y.	BRASHE	E DVI.	
6 S/W. LIVESTOCK	AUCTION Zip Code		5900	JONES :	PLACE NW. Zip C	· ode
LOS LUNAS. Tel No.	Tot.		Tel No. 150	QUERQUE	5 Part Cour	37120
Terro.	CERTIFICATION C		1-7-	5) 610-	4/11	BERNALILLA)
I certify the specin	nen submitted with this form w					ated above.
10. SIGNATURE OF FEDERALLY (b)(6			11. TYPE OR PI			12, SIGNATURE DATE
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		met, 2 - Pastern, 3 -	Fetlock, 4 - Kne	3 2 e, 5 - Hock	AND SCARS	
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	<u> </u>	FOR LABORATO	ORY USE ON	Y /	·.	
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORT		4. TEST RESULTS	
ALBUQUEKQUE COGGIN	S LAB.	3110 1	011	3/11	Negative Positiv	ve AGID ELISA
ALBUQUERQUE, NM.		URE OF TECHNICIAN		3	S. REMARKS	
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See reverse for more OMB info	mation.			FO	RM APPROVED - OME	3 NUMBER 0579 - 0	127		
ANIMAL AND P	PARTMENT OF AGRICULTURE LANT HEALTH INSPECTION SERVICE US ANEMIA LABORATOR Memorandum 555.16)	Y TEST	SERIAL NO.	168	1. ACCESSION NUM	BER 2. DATE B			
Forms Without Adequa	te Descriptions Of The Hor	se and Comp	lete Addresse t Be Processe	s Including	33.6.3.1	ınties, and Tele	phone		
3. REASON FOR TESTING Market Change of	Show	irst Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)						
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE		j.			·····		
SYSTEMS (GIS)	SYSTEMS (GIS) OR ACCREDITATION NO.			N/A.	Zij	p Code			
LONG:	1167	AGID	Tel No.		C	ounty			
8. NAME AND ADDRESS OF OW			9. NAME AND	ADDRESS OF	VETERINARIAN (Plea	ase print or type)			
DENNIS CHAVEZ			C.Y.	RRASMEI	∠ DVM				
@ S/W. LIVESTOCK	AUCTION.			HONES					
LOS LUNAS.	Zip Code		ALRI	OHEROHE	N.M. Zij	p Code <u>871</u> /			
Tel No.	County N		Tel No. (50	5) 610-4	.711 C	ounty REDWA	171.		
I certify the spe	CERTIFICATION cimen submitted with this form v					licated above.	No. C. Com.		
10. SIGNATURE OF FEDERALLY (b)	(6) BINARIAN		11. TYPE OR PE	RINT SIGNATUR	ENAME	12. SIGNATU	JRE DATE		
			C.Y. B	RASMER I	WM.				
			ER OR OWNER			i i	! *		
I certify that I	have examined this form and, to	the best of my	knowledge and l	pelief, this for	m is true, correct an	d complete.			
13. SIGNATURE OF OWNER OR OWN	NER'S AGENT		14. TYPE OR PE	RINT SIGNATUR	E NAME	15. SIGNAT	URE DATE		
16. Official 18.	, 4.		20.	21.	22.	23. 24.	M - Male		
Tube No. Tag Tattoo/B	985 1 <i>7</i> 0 000 657	600	Color	Breed	Electronic I.D. No.	Age or Sex	F - Female		
			Blow A	Ya.at		26	G - Gelding N - Neuter		
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25. HEAD	^		26. OTHER MARKS						
27. LEFT FORELIMB	VENT A		28. RIGHT FORELI	MB	- 1 Fr.		***************************************		

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25. HEAD		26. OTHER MARKS AND BRANDS					
27. LEFT FORELIMB		28. RIGHT FORELIMB	The state of the				
29. LEFT HINDLIMB	L"	30. RIGHT HINDLIMB					
	FOR LABORA	TORY USE ONLY					
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COUGINS LAB.	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS Questive Positive AGID ELISA				
ALBUQUERQUE, MM.	36. SIGNATURE OF TECHNICI (b)(6)	AN /	35. REMARKS				

owingly 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).

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No.

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. U.S. DEPARTMENT OF AGRICULTURE SERIAL NO. 1. ACCESSION NUMBER 2. DATE BLOOD 00679169 DRAWN **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) 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) Show First Test Market Change of Ownership Retest GEOGRAPHIC INFORMATION **VETERINARY LICENSE** 6. TEST TYPE OR ACCREDITATION NO. SYSTEMS (GIS) **ELISA** N/A. Zip Code LAT: AGID LONG County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRASHLA DVII. W S/W. LIVESTOCK AUCTION 5900 JONES PLACE NO Zip Code Zip Code LUNAS L'SUQUERQUE, NI County Tel No. County Tel No. (505) 610-471 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 12. SIGNATURE DATE 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY AC (b)(6) NARIAN RRESIVER DUN CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that mave 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 15. SIGNATURE DATE 14. TYPE OR PRINT SIGNATURE NAME Official M - Male 18. 24. 20. Electronic I.D. No. Age or DOB Tattoo/Bra 70 000 635 819 Tag G - Gelding Neuter I 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

ALBUQUERQUE COGGINS LAB. SIGNATURE OF TECH REMARKS ALBUQUERGUE, NM.

33. DATE REPORTED OUT

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TEST RESULTS

Negative Positive

Falsification of this form or knowingly using a faisified to owingly using a falsified to the state of th

FOR LABORATORY USE ONLY

32. DATE RECEIVED

31. LABORATORY NAME/CITY/STATE

AGID

ELISA

U.S. DEPARTMENT O ANIMAL AND PLANT HEALT			SERIAL NO.		1. ACCESSION NU	MBER 2.	DATE B	LOOD
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Forms Without Adequate Descri	ptions Of The Hors Num	e and Comp bers Will No	lete Address t Be Process	es Includin	g Zip Codes, Co	unties, an	d Tele	phone
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LONG:	1167	AGID	Tel No.			County		
8. NAME AND ADDRESS OF OWNER (Please	print or type)		9. NAME AN	D ADDRESS O	F VETERINARIAN (Pi	ease print or i	type)	
DENNIS CHAVEZ			<u> </u>	KRASMA	ek time			
@ S/W. LIVESTOCK AUCTI					PLACE NO.	in Code		
LOS LUNAS.	Zip Code County (A)			<u>néneróne</u>		ip Code County	2717	ţ,
181 NO.	- 1814	<u> </u>		<u>05) 610-</u>	-4/11	-ounty	BELLE	Liliko
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	CERTIFICA	TION OF OWN	ER OR OWNE	R'S AGENT			ĺ	:
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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE INFECTIOUS ANEMIA 1 AROPATOR

SERIAL NO. 00679171 1. ACCESSION NUMBER

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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	0.00
EQUINE INFECTIOUS ANEMIA LABORATORY	TEST
(VS Memorandum 555.16)	

one 79173

1. ACCESSION NUMBER 2. DATE BLOOD DRAWN

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DENNIS CHAVEZ			C.Y.	SKASIAN	P DW				
@ S/W. LIVESTOCK			5906	JONES !	PLACE NV.				
LOS LUNAS.	Zip Code		ALRIQUERQUE NA: Zip Code 87170						
Tel No.	County NM		Tel No. (505) 610-4711 County State Town						
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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE MILINE INSECTIONS ANEMIA 1 ABORATORY

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DENNIS CHAVEZ			C.Y.	BRASMER	DVM.			**************************************
@ S/W. LIVESTOCK			5900	JONES PI				
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ANIMAL AND PL	U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST					1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
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LOS LUNAS.	Zip Cod	le		ALRI	TOTEROUS	Zip Code	27120
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See reverse for more OMB inform	ation.		FC	ORM APPROVED - OMB	NUMBER 0579 - 0127				
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3. REASON FOR TESTING	Show	First Test	7. NAME AND ADDRESS O	R STABLE/MARKET (Ple	ease print or type)				
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4. GEOGRAPHIC INFORMATION SYSTEMS, (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	N/A.						
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8. NAME AND ADDRESS OF OWNE	1167		Tel No. County 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)						
	ek (riease print or type)			·	se print or type;				
DENNIS CHAVEZ	A LOCATION CONTRACTOR OF THE		C. Y. RRASME						
LOS LUNAS.	Zip Code		5900 TONES	. Zia	Code 87120				
Tel No.	16	M .	Tel No. (505) 610-	7 12 12	inty REGRATION				
			ACCREDITED VETERINA						
I certify the specin	men submitted with this form				cated above.				
10. SIGNATURE OF FEDERALLY A	6) RINARIAN		11. TYPE OR PRINT SIGNATUR	RE NAME	12. SIGNATURE DATE				
8	war w		C.Y. BRASMER	DVM.	6/13/10				
			ER OR OWNER'S AGENT		!				
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31. LABORATORY NAME/CITY/STATE	32. DAŢE		ORY USE ONLY	34. TEST RESULTS					
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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).

36. SIGNATURE OF TECHNICIAN

ALBUQUERQUE, NA.

ALBUQUERQUE COGGIAS LAB.

ELISA

AGID

Negative Positive

ANIMAL AND PLA	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE S ANEMIA LABORATORY	TEST	do 6791.78	š						
(VS N	Memorandum 555.16)		ACL III. O O S	<u>∤</u> ∖ -						
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@ S/w. LIVESTOCK	ATTENDA		5000 JONES DI ACE VIL							
LUS LUNAS.	Zip Code		Zin Code							
Tel No.	County NN:		Tel No. (5(5), 610-6711 County							
		F FEDERALL	LY ACCREDITED VETERINARIAN							
l certify the specia	men submitted with this form w	as drawn by m	ne from the horse described below on the date indicated above.							
10. SIGNATURE OF FEDERALLY ACCR			11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATI							
· · · · · · · · · · · · · · · · · · ·			C.Y. BRASWER DVM	1. June 1						
I certify that I ha			NER OR OWNER'S AGENT y knowledge and belief, this form is true, correct and complete.							
13. SIGNATURE OF OWNER OR OWNER		,	14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DAT	É						
16 . Official 18.			20 21 22. 23. 24 M - Male							
Tube No. Tag Tattoo			20. 21. Electronic Age or DOB Sex F. Fem.							
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27. LEFT FORELIMB			28. RIGHT FORELIMB							
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31. LABORATORY NAME/CITY/STATE			33. DATE REPORTED OUT 34. TEST RESULTS	· parkido						
ALBUQUERQUE COGGIN	S LAK.	210		ISA						
ALBUQUERQUE, NM.	36. SIGNATI	JRE OF (b)(6)	35/REMARKS							
Falsification of this for	m or knowingly using a falsi imprisonment for n		ninal offense and may result in a fine of not more than \$10,000 or 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

SERIAL NO. 00679179 1. ACCESSION NUMBER

	Memorandum 555,16)		GOOT JIT.	ACL.	144	6113	Ú.
Forms Without Adequate			Be Processed.)
3. REASON FOR TESTING	Show F	irst Test	7. NAME AND ADDRES	S OR STABLE/MAR	KET (Please pri	nt or type)	
Market Change of Ov							
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE	N/A.			° 8.	
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LONG:	1167	T AGID	Tel No.	o or immediable	County	art=0)	
8. NAME AND ADDRESS OF OWNE	K (Mease print or type)		9. NAME AND ADDRE		M (Please print	or type)	
DENNIS CHAVEZ @ S/w. LIVESTOCK #	HOSTON		C.Y. BRAS				
LOS LUNAS.	Zip Code	<u> </u>	ALBUQUEKO	S PLACE NW.	Zip Code	87120	
Tel No.	County NY	_	Tel No. (505) 61		County	BERNAL LEGA	,
			ACCREDITED VETER				
2 -	men submitted with this form v	vas drawn by me	from the horse describ	ed below on the da	ate indicated a	above.	
10. SIGNATURE OF FEDERALLY AC	(6) TERINARIAN		11. TYPE OR PRINT SIGN C.Y. BRASHE			12. SIGNATURE DAT	E _)
			ER OR OWNER'S AGE) · · · · · · · · · · · · · · · · · · ·	
I certify that I have a signature of owner or owner	ave examined this form and, to	u the best of my	knowledge and belief, tr		ect and comp	iete. 15. Signature da	TF
46 100 111	- AGENT		14. (TPE OR PRINT SIGN	22.			
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31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIN ALBUQUERQUE, NM.	S LAB.	TURE OF TECHNICIA	33. DATE REPORTED OUT	34. TEST RESULTS Negative [35./REMARKS	S Positive	AGID 🛴 EI	ISA
Falsification of this for	rm or knowingly using a fals imprisonment for	sifled form is a control of the second secon	raminal offense and m years or both (U.S.C.	ay result in a fine (Section 1001).	of not more t	han \$10,000 or	H-1-1-10

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See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127 SERIAL NO. U.S. DEPARTMENT OF AGRICULTURE 1. ACCESSION NUMBER 2. DATE BLOOD ANIMAL AND PLANT HEALTH INSPECTION SERVICE DRAWN on579180 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) 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) First Test Show Market Change of Ownership **GEOGRAPHIC INFORMATION VETERINARY LICENSE** 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. **XELISA** N/A. Zip Code LAT: AGID County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ HRACMER DUM @ S/W. LIVESTOCK AUCTION SGOO TONES PLACE M. Zip Code Zip Code LOS LUNAS AT KHOHEROHE Tel No. County County Tel No. (505) 610-4711CERTIFICATION 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. 11. TÝPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATE 10. SIGNATURE OF FEDERALLY A(b)(6) **FEBINARIAN** ellogic BRASMER 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 Official 22. M - Male 24. 20. 21. Electronic I.D. No. Tub Age or DOS Tatte 170 000 654 947 Color Breed No. Tag G - Geldina aved+cl 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

31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED 33. DAITE REPORTED OUT 34. TEST RESULTS ALBUQUERQUE COGGINS LAB. Negative Positive AGID ELISA ALBUQUERQUE, NM. 36. SIGNATURE OF 35 REMARKS

FOR LABORATORY USE ONLY

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. a0679181 1. ACCESSION NUMBER

Forms Without Adequate	Descriptions Of The	Horse and Comp Numbers Will No	lete Address t Be Process	es Including	Zip Codes, Cour	nties, and	Telephone	
3. REASON FOR TESTING	Show	First Test			STABLE/MARKET (Ple	ase print or t	ype)	-
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE						
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LONG:	1167	AGID	Tel No.			unty		-
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS OF V	/ETERINARIAN (Pleas	se print or type	=)	
DENRIS CHAVEZ			C.Y	BRASMER	DVM			
@ S/W. LIVESTOCK			590	O TORES P				
LOS LUNAS.	Zip Code			udnesdre.	30 (8)		7120	
Tel No.	County	NM.		(5) 610-4		inty BE	Phalitel	.
· · · · · · · · · · · · · · · · · · ·	nen submitted with this t	TION OF FEDERALLY form was drawn by me	from the horse	described bel	ow on the date indic			
10. SIGNATURE OF FEDERALLY ACT)(6) RINARIAN		11. TYPE OR PI	RINT SIGNATURE N	IAME	12 Sig	SNATURE DATE	: 1
			C.Y.	BRASMER DI	Vi.	<u> </u>	$H^{(p)}$	
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13. SIGNATURE OF OWNER OR OWNER		and, to the best of my		RINT SIGNATURE			GNATURE DATI	
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			Sullet	horse	W.	X	N - Neuti	žΓ
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31. LABORATORY NAME/CITY/STATE	32. D	ATE RECEIVED	33. DATE REPORT		TEST RESULTS			della series
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ALBUQUERQUE, NM.		IGNATURE OF TECHNICIA (b)(6)	N		REMARKS	`	*****	
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U.S. DEPARTMENT OF AGRICULTURE	
ANIMAL AND PLANT HEALTH INSPECTION SERVICE	5)
EQUINE INFECTIOUS ANEMIA LABORATORY	TEST
NS Memorandum 555 16)	

SERIAL NO. 0679182

1. ACCESSION NUMBER

NUMBER 2. DATE BLOOD DRAWN

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Forms Without Adequate De	escriptions Of The Horse and Numbers V		ete Addresse Be Processe		Zip Codes, Count	ies, and T	elephone
3. REASON FOR TESTING	Show First Test	1171			STABLE/MARKET (Plea	se print or typ	oe)
Market Change of Owner				D 201			
	VETERINARY LICENSE 6. TEST						
SYSTEMS (GIS)	OR ACCREDITATION NO.			N/A.	Zip C	ode	
LONG:	1167 AG	ilD .	Tel No.		Cou	nty	
8. NAME AND ADDRESS OF OWNER (F	Please print or type)		9. NAME AND	ADDRESS OF	VETERINARIAN (Please	print or type)	
DENNIS CHAVEZ			C.Y.	BRASMER	DVM.		
ë S/W. LIVESTOCK AU		·	_ 5900	JONES P	The same of the sa		
LOS LUNAS.	Zip Code		AL.BI	QUERQUE,		- 6.1	/120
Tel No.	County NM.		Tel No. (50	5) 610-4	711 Cour	ity BPS	CNATULEO
I certify the specimen	CERTIFICATION OF FEDI a submitted with this form was draw					ated above.	
10. SIGNATURE OF FEDERALLY (b)(6)	VETERINARIAN		11. TYPE OR PE	RINT SIGNATURE	NAME		NATURE DATE
			C.Y. B	RASMER D	Vei.	16	$f(s^*)(f^*)$
	CERTIFICATION O		ER OR OWNER	'S AGENT			
	examined this form and, to the bes	t of my k					
13. SIGNATURE OF OWNER OR OWNER'S A	AGENT	STATE OF THE PROPERTY OF THE P	14. TYPE OR PE	RINT SIGNATURE	NAME	15. 810	NATURE DATE
40 Company							
16. Official 19 Tube	3 70 000		20. Color	21. Breed	22. Electronic	23. Age or	24. M - Male Sex F - Female
No. Tag latter 985	170 000 655 752	-		7) () #	1.D. No.	DOB.	G - Gelding
			Solle	WY THE		7	N - Neuter
	SHOW ALL SIGNIFICANT MA	PKING	S WHORLS	BRANDS A	ND SCAPS		
4 \\ \frac{3}{2}	1 - Coronet, 2 - P	Pastern 3	Fellock 4 - Kneu	5 - Hock	3 2		
	NARRATIVE D	ESCRIP	TION AND RE	MARKS			
25. HEAD	. ~ 0 /		26. OTHER MARKS	_	N; Lti	一头	
27. LEFT FORELIMB	,		28. RIGHT FORELI				
29. LEFT HINDLIMB	166		30. RIGHT HINDLIN	ИВ	· il.		
	FOR I A	BORAT	ORY USE ONL				
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS	32. DATE RECEIVED	-7	33. DATE REPORT		TEST RESULTS	ve ∏ AG	ID 🗍 ELISA
ALBUQUERQUE, NM.	36. SIGNATURE OF TE	ECHNICIAN (b)(6)			REMARKS		
Falsification of this form of	or knowingly using a falsified fo	AL	ninal offense	and may res	ult in a fine of not m	ore than \$1	0,000 or

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

serial no. a0679183

1. ACCESSION NUMBER

Forms Without Adequate	e Descriptions Of The Hors	se and Compl nbers Will Not			ip Codes, Count	es, and Tele	phone
3. REASON FOR TESTING		rst Test			TABLE/MARKET (Pleas	se print or type)	
Market Change of O	Ownership Retest E	xport					
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE					
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO.	KELISA	O.C.	N/A.	Zip Co	ode	
LONG:	1167	AGID	Tel No.		Coun	ty	
8. NAME AND ADDRESS OF OWN	ER (Please print or type)		9. NAME AND	ADDRESS OF V	ETERINARIAN (Please	print or type)	
DENNIS CHAVEZ		····	C.Y	RRASMRE	DVX		
@ S/W. LIVESTOCK			590	O JONES PI	DESCRIPTION OF A 1-4 BANKS		
LOS LUNAS.	Zip Code	-		nonerone.			20
Tel No.	County NM	Ĺ <u>.</u>	Tel No. (5	05) 610-47	711 Coun	y BENN	11 11 11 11 11 11 11 11 11 11 11 11 11
I certify the spec	CERTIFICATION (imen submitted with this form w					ted above.	as .
10. SIGNATURE OF FEDERALLY ACC	b)(6) TERINARIAN		11. TYPE OR PI	RINT SIGNATURE N	AME	12, SIGNAT	URE DATE
	•		C.Y.	BRASMER DV	TM	12.11	
	CERTIFICA	TION OF OWN					
I certify that I h	nave examined this form and, to	the best of my l	knowledge and	belief, this form	is true, correct and c	omplete.	
13. SIGNATURE OF OWNER OR OWNE	ER'S AGENT	3.00.00	14. TYPE OR P	RINT SIGNATURE N	AME	15. SIGNAT	URE DATE
16. Official 18				T T	22.	23.	M - Male
Tube No. Tag Tattoo/Bra	તાના મામ જ આ જાત છે. જો		20. Color	21. Breed	Electronic I.D. No.	Age or DOB Sex	F - Female
NO. 130				yyw te	LD. No.	11 6	G - Gelding
1165	985 170 000 667	218	134	1150		4 6	N - Neuter
	SHOW ALL SIGNIFICA	NT MARKING	S WHORLS	BRANDS AN	ND SCARS		Accession
	3 2 1-Coro	anet, 2 - Pastern, 3	- Fetlock 4 - Kne	5 - Hock	3 2		
	NARR/	ATIVE DESCRIF	PTION AND RE	MARKS			
25. HEAD	51/1/P		26. OTHER MARK	S AND BRANDS			
27. LEFT FORELIMB			28. RIGHT FORELI	IMB			
29. LEFT HINDLIMB	0014		30. RIGHT HINDLI	MB	06 K		
		FOR LABORAT	ORY USE ONL		7		
31. LABORATORY NAMEICITY/STATI ALBUQUERQUE COGGI ALBUQUERQUE, NE.	INS LAB.	JRE OF TECHNICIA	33. DATE REPORT	110 V	TEST RESULTS Negative Positiv	e 🔲 AGID	ELISA
Falsification of this fo	orm or knowingly using a faisi	fled form is a c	riminal offense	and may resu	It in a fine of not mo	ore than \$10,0	00 or

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

SERIAL NO. Ø679184

DRAWN DRAWN

1. ACCESSION NUMBER | 2. DATE BLOOD

Earma Mithaut Adamusta Danavintiana Of The Live and Co.	late Addresses Including 71- Codes Counties and Telephone
Forms Without Adequate Descriptions Of The Horse and Compl Numbers Will Not	
3. REASON FOR TESTING Show First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
Market Change of Ownership Retest S Export	
4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO.	
LAT:	N/A. Zip Code
LONG: 1167 AGID	Tel No. County
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 TONKS PLACE NO
LOS LUNAS. Zip Code	ALBUQUEROLE No. Zip Code 87120
Tel No. County NN.	Tel No. (505) 610-4711 County SECTION
CERTIFICATION OF FEDERALLY I certify the specimen submitted with this form was drawn by me	
10. SIGNATURE OF FEDERALL (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME 12, SIGNATURE DATE
	C.Y. BRASNER DVM.
CERTIFICATION OF OWN	
I certify that I have examined this form and, to the best of my	
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DATE
16. Official 18 COC	22. 23. n. M. Main
Tube 785 170 000 453 073	Color Brand Electronic Age or Say 5 Emple
No. Tao Talousi	1.U. No. DUB G. Gelding
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SHOW ALL SIGNIFICANT MARKING	SS, WHORLS, BRANDS, AND SCARS
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00	92/0
1 Coronat 2 - Pastern 3	- Fetlock, 4 - Knee, 5 - Hock
	PTION AND REMARKS
25. HEAD STORE - STORE	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
FOR LABORAT	FORY USE ONLY
31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED	33. DATE REPORTED OUT 34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. 6/3/10	✓ // ☼ // ☑ Negative ☐ Positive ☐ AGID ☐ ELISA
ALBUQUERQUE, NM. 36. SIGNATURE OF TECHNICIA	
Falsification of this form or knowingly using a falsified form is a c	riminal offense and may result in a fine of not more than \$10,000 or

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST OVS Managed up 565 161

serial no. q0579185 1. ACCESSION NUMBER

	S ANEMIA LABORATOR Memorandum 555.16)	YTEST	100013	3703	ACT 11 VIC	5 (<i>-</i>	131:1
Forms Without Adequate	Descriptions Of The Hor Nur	rse and Comp nbers Will No	lete Address t Be Process	es Including Zi ed.	ip Codes, Count	iles, and Ť	elephone
3. REASON FOR TESTING	Show F	irst Test	7. NAME AND	ADDRESS OR ST	ABLE/MARKET (Plea	se print or typ	e)
Market Change of Ov	vnership Retest S	xport					
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE					
LAT:				N/A.	Zip C	1003	
LONG:	1167	AGID	Tel No.		Cou		
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS OF VE	TERINARIAN (Please	e print or type)	
DENNIS CHAVEZ			C.Y				
& S/W. LIVESTOCK	AUCTION . Zip Code			TIMES PLA	7:- 0	ode	
LOS LUNAS. Tel No.	County			IQUERQUE, N		<u> </u>	120
	CERTIFICATION				_l	Test	MAGNILLY
I certify the speci-	men submitted with this form v					ated above.	18
10. SIGNATURE OF FEDER (b)(6)	D VETERINARIAN	,	11. TYPE OR P	RINT SIGNATURE NA	ME		ATURE DATE
	OF DETICAL	4.TION OF ONE		BRASMER DVA	.	1 ,,	
certify that n	ave examined this form and, to	ATION OF OWN the best of my			s true, correct and o	complete.	
13. SIGNATURE OF OWNER OR OWNE				RINT SIGNATURE NA			NATURE DATE
16. Official 18.	. 46		20.	21.	22.	23.	24. M - Male
No. Tag Tattoo/Bra	985 170 000 665	709	Color	Breed	Electronic I.D. No.	Age or DOB	Sex F - Female
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1	3 1-Cor	onet, 2 - Pastern, 3	- Fetlock, 4 - Kne	5 3 ve, 5 - Hock	3 2		
	NARR	ATIVE DESCRI					
25. HEAD	- 2mil		26. OTHER MARK	S AND BRANDS	V.		
27. LÉFT FORELIMB	*		28. RIGHT FOREL	IMB		o.•	
29, LEFT HINDLIMB	C. K.		30. RIGHT HINDLI	МВ		:	
		FOR LABORAT	ORY USE ON	LY			
31. LABORATORY NAME/CITY/STATE	32. DATE R		33. DATE REPOR	13. 5 1	EST RESULTS		The state of the s
ALBUQUERQUE COGGI	S LAB	1110	12112	1111	Negative 🗌 Positi	ve 🗌 AG	D 🔲 ELISA
ALBUQUERQUE, NE.	36. SIGNAT	(b)(6)		35.Æ	EMARKS		and the second
Faisification of this for	m or knowingly using a fals imprisonment for	ified form is a control of the control of the control of the control of	riminal offens years or both	e and may result (U.S.C. Section	in a fine of not m 1001).	ore than \$1	0,000 or

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555 16)

SERIAL NO. 0679186 1. ACCESSION NUMBER

(VS A	lemorandum 555.16		ILO1	Q0.070.00		ACL.	300 D	Up/id	1
Forms Without Adequate	Descriptions (lete Addresses Inc t Be Processed.	luding i	Zip Codes, (Counties,	and Telepho	one
3. REASON FOR TESTING	□ Sh		rst Test	7. NAME AND ADDRI	ESS OR S	TABLE/MARK	T (Please pi	rint or type)	•
Market Change of Ov	vnership Re	test 🔛 Ex	cport	·	*3/				
4. GEOGRAPHIC INFORMATION	5. VETERINARY LIC		6. TEST TYPE	NI / A			**		
SYSTEMS (GIS) LAT:	OR ACCREDITAT	ION NO.	Z-ELISA	*17*	•		Zip Code	***	
LONG:	11	67	AGID	Tel No.			County		
8. NAME AND ADDRESS OF OWNE	R (Please print or ty	pe)		9. NAME AND ADDR	ESS OF V	ETERINARIAN	(Please print	t or type)	
DENNIS CHAVEZ				C.Y. BKA	SMER	DVM.			
@ S/W. LIVESTUCK				5900 JON			ширушинирежк		
LOS LUNAS.	Zip Co			ALBUQUER			Zip Code	87120	
Tel No.	County	14624		Tel No. (505) 6			County	BEANALL	21.63
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10. SIGNATURE OF FEDERALI			as grawn by me	11. TYPE OR PRINT SIG			ndicated	12. SIGNATURE I	DATE
10. SIGNATURE OF FEDERALI (b)(6)	D VETERINARIA			C.Y. BRASM	er dv				
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13. SIGNATURE OF OWNER OR OWNER		iorm and, to	the best of my	knowledge and belief,			t and comp	15. SIGNATURE	DATE
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		1 - Coro	net, 2 - Pastem, 3	- Fetlock, 4 - Knee, 5 - Ho	ock				
	·	NARRA	ATIVE DESCRI	PTION AND REMARK					
25. HEAD				26. OTHER MARKS AND BI	RANDS	- 11/1-		Do Wal	ř.
27. LEFT FORELIMB				28. RIGHT FORELIMB		-1-1	· ·		
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29. LEFT HINDLIMB				30. RIGHT HINDLIMB					•
			EOD I ADODAS	OBV HOE OUT V					MERCHANIC MARINE
31. LABORATORY NAME/CITY/STATE	· · · · · · · · · · · · · · · · · · ·	32. DATE RE		ORY USE ONLY 33. DATE REPORTED OUT	124	TEST RESULTS			
ALBUQUERQUE COGGI	NK LAR	1 6117		(1127/1)		Negative	Positive	☐ AGID 🖾	ELISA
ALBUQUERQUE, MM.	erner abelie Tribel 15	36. SIGNATU	IRE OF TECHNICIA	<u> </u>		REMARKS	· WORLTO		
annum a deconsista sa la reges			(b)(6)		7				
A.		1							
Falsification of this for	m or knowingly	using a falsi	fleg torm is a	riminal offense and n	nav resi	ilt in a fine of	not more f	han \$10,000 o	eprosense anno anno a
₩ # # # # # # # # # # # # # # # # # # #	impriso	nment for n	ot more than 5	years or both (U.S.C.	. Section	n 1001).			•

ANIMAL AND PLA EQUINE INFECTIOU	RTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE S ANEMIA LABORATORY Memorandum 555.16)	/ TEST	Q0679187	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Forms Without Adequate	Descriptions Of The Hors		lete Addresses Includin t Be Processed.	g Zip Codes, Counties	, and Telephone
3. REASON FOR TESTING	Show Fi	rst Test		R STABLE/MARKET (Please)	print or type)
4. GEOGRAPHIC INFORMATION	vnership Retest >> Ex	6. TEST TYPE			
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO.	[AXELISA	N/A.	Zip Code	
LONG:	1167	☐ AGID	Tel No.	County	
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS O	F VETERINARIAN (Please pris	nt or type)
DENNIS CHAVEZ			C. Y. BWASME	R DVM	
@ S/W. LIVESTOCK	AUCTYON. Zip Code		5900 TONES	7in Code	7: 20 1 20 22
LOS LUNAS. Tel No.	County		Tel No. (505) 610-	· Country	87120 BERNALTATO
		OF FEDERALLY	ACCREDITED VETERINA	7/11	AP.RNG. IT.
I certify the specia	men submitted with this form w				
10. SIGNATURE OF FEDERALLY (b)(6	ERINARIAN		11. TYPE OR PRINT SIGNATUR	IE NAME	12. SIGNATURE PATE
			C.Y. ERASMER	DVM.	10/19/1/2
I certify that I h	CERTIFICA ave examined this form and, to		ER OR OWNER'S AGENT knowledge and belief, this fo	rm is true, correct and com	plete.
13. SIGNATURE OF OWNER OR OWNE	W		14. TYPE OR PRINT SIGNATUR		15. SIGNATURE DATE
	_				
16 . Official 18.	19.		20. 21.	22. Electronic A	23. 24. M - Male
No. Tag Tattoo/Brand	Name of Nores 5 170 000 654 2	265. –	Color Breed	1.D. No.	DOB Sex F · Female G · Gelding
			Bush ares		N - Neuter
		NT MARKING	S, WHORLS, BRANDS,		
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			- Fetiock, 4 - Knee, 5 - Hock		
25. HEAD	1		26. OTHER MARKS AND BRANDS		
	Je-Serie		N/L	-5 1 9° ,	JLH
27. LEFT FORELIMB			28. RIGHT FORELIMB	م سا	
29. LEFT HINDLIMS			DA PIGUT MINE (MP		<u> </u>
-	$i \in \mathcal{L}$		30. RIGHT HINDLIMB		
		FOR LABORAT	ORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE RE	CEIVED	33. DATE REPORTED OUT	4. TEST RESULTS	
ALBUQUERQUE COGGII	TEL SACTO	<u> カリレ</u>	0113110	Negative Positive	AGID ELISA
ALBUQUERQUE, MM.	36. SIGNATU	JRE (b)(6)		REMARKS	
Falsification of this for	m or knowingly using a falsi	fleg form is a c	riminal offense and may re	sult in a fine of not more	than \$10 000 or
147	imprisonment for n	ot more than 5	years or both (U.S.C. Sect	lon 1001).	

See reverse for more OMB informat	tion.			FOR	M APPROVED - OMB N	IUMBER 057	'9 - 0127
ANIMAL AND PLAN EQUINE INFECTIOUS	TMENT OF AGRICULTURE IT HEALTH INSPECTION SERVICE ANEMIA LABORATORY emorandum 555.16)	TEST	00678		1. ACCESSION NUMBI	DR	TE BLOOD
Forms Without Adequate I		se and Compl bers Will Not					Telephone
S. REASON FOR TESTING Market Change of Own	Show Fi	rst Test			STABLE/MARKET (Plea	ase print or ty	/pe)
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE			·.		
SYSTEMS (GIS) LAT: LONG:	OR ACCREDITATION NO.	AGID		N/A.	Zip C		
8. NAME AND ADDRESS OF OWNER	(Please print or type)		Tel No.	ADDRESS OF	VETERINARIAN (Please		e)
DENNIS CHAVEZ	(in roudo print or typo)		CY	RRASMER			,
@ S/W. LIVESTOCK A	UCTION.	<u> </u>	T	TONES P			
LOS LUNAS.	Zip Code			CHERCHE	7:- (ode g	7120
Tel No.	County _{Nਤ}	•	Tel No. (50	15) 610-4	711 Cou	nty 851	GNALTIUG
i certify the specim	CERTIFICATION (en submitted with this form w					ated above	
10. SIGNATURE OF FEDERALLY ACCORD	DITED VETERINARIAN		11. TYPE OR P	RINT SIGNATURE	NAME .		GNATURE DATE
				RASMER D	VN	0	10100
I certify that I have	CERTIFICA ve examined this form and, to	TION OF OWN			n is true, correct and i	complete	1
13. SIGNATURE OF OWNER OR OWNER				RINT SIGNATURE	***************************************	-	GNATURE DATE
16 . Official 19					22.	23.	24 M - Male
Tube No. Tag Tattoo	19.		20. Color	21. Breed	Electronic 1.D. No.	Age or DOB	Sex F - Female
985	5 170 000 636 2	233	Brut	Paint			G - Gelding N - Neuter
	SHOW ALL SIGNIFICA	-	S. WHORLS	BRANDS, A	AND SCARS	<u> </u>	<u> </u>
1	5 2 3			5	3 2		
		net, 2 - Pastern, 3					
25. HEAD	NAKK	ATIVE DESCRIP	TION AND RE				
	10 V					<u>C</u> -	141
27. LEFT FORELIMB	wit at		28. RIGHT FOREL	IMB TO	I LENC	+	
29. LEFT HINDLIMB	ba		30, RIGHT HINDLI	MB		.> `	
		FOR LABORAT	ORY USE ON	Y	<u> </u>		
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPOR		. TEST RESULTS		

ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, AM.

32. DATE RECEIVED 33. DATE REPORTED OUT 36. SIGNATURE OF TECHNICIAN

34. TEST RESULTS
Negative Positive
35 REMARKS

AGID ELIS

Falsification of this form or knowingly using a falsified imprisonment for not me

minal offense and may result in a fine of not more than \$10,000 or years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST			SERIAL NO.	1188	1. ACCESSION NUM		ATE BLOOD RAWN
	morandum 555.16)	DRI 1E31	Gring		ACT. 1160	4 6	1/ 3/10
Forms Without Adequate D	escriptions Of The H	iorse and Comple lumbers Will Not	ete Addresse Be Processe	es Includin ed.	g Zip Codes, Cou	nties, and	Telephone
3. REASON FOR TESTING	Show [First Test	7. NAME AND	ADDRESS O	R STABLE/MARKET (P)	ease print or i	lype)
Market Change of Own		Export					·
4. GEOGRAPHIC INFORMATION 5 SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		N/A.		<u> </u>	
LAT: LONG:		AGID	7.134			Code	
8. NAME AND ADDRESS OF OWNER	(Please print or type)		Tel No.	ADDRESS O	F VETERINARIAN (Plea		ie)
DENNIS CHAVEZ	(, , , , , , , , , , , , , , , , , , ,		C.V.			p oyp	-,
6 S/W. LIVESTOCK A	HCTTON.				PLACE NO		
LOS LUNAS.	Zip Code			OHEROHE	710	Code g	7120
Tel No.	County	Nin.	Tel No. (5(rembe	CENAL TILES
I certify the specime	CERTIFICATION Submitted with this form	ON OF FEDERALLY				cated above	
10. SIGNATURE OF FEDERALLY ACCRED		m was drawn by me	11. TYPE OR PI			,	IGNATURE DATE
(b)(6)	The VETERINARIAN			RASMER			TESTIC
·	CERTIF	CATION OF OWNE			<u> </u>		7
t certify the	examined this form and				rm is true, correct and	complete.	
13. SIGNATURE OF OWNER OR OWNER'S	B AGENT		14. TYPE OR P	RINT SIGNATUR	E NAME	15. S	SIGNATURE DATE
16. Official 18.	19.		20.	21.	22.	23.	24. M - Male
I Tattooffer	35 170 000 40		Color	Breed	Electronic I.D. No.	Age or DOB	Sex F - Female
	35 170 000 63	36 230 ·	Pila	raint		4	G - Gelding N - Neuter
			C WHORLS	DDANDS	AND SCARS		
		Coronet, 2 - Pastern, 3		5 J	3 2		
		RRATIVE DESCRIP					
25. HEAO			26. OTHER MARK		, (->	> 4H	
27. LEFT FORELIMB	28. RIGHT FORELI	MB V	1.16	+	•		
29. LEFT HINDLIMB	Parcet		30. RIGHT HINDLI	y8 ↔			
		FOR LABORAT	ORY USE ON	Y			
31. LABORATORY NAME/CITY/STATE	32. DAT		33. DATE REPOR		4. TEST RESULTS		
ALBUQUERQUE COGGINS	LAB.	13110	12 1/3/	$/\cup$.	Negative Pos	itive 🗌 A	GID ELISA
ALBUQUEKQUE, NM.		NATURE OF TECHNICIAN (b)(6)			PS. REMARKS		
Falsification of this form	or knowingly using a f imprisonment fo	alsified for or not more than 5	iminal offense years or both	and may re (U.S.C. Sect	esult in a fine of not lon 1001).	more than \$	10,000 or

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

serial no. a0679190 1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

EQUINE INFECTIOUS ANEMIA LAE (VS Memorandum 555.16		חפדפו קוס	ACL.//606	6/13/10
Forms Without Adequate Descriptions (Of The Horse and Comple Numbers Will Not	ete Addresses Includin Be Processed.		
3. REASON FOR TESTING Sh			R STABLE/MARKET (Please p	rint or type)
Market Change of Ownership Re	test Export			
4. GEOGRAPHIC INFORMATION 5. VETERINARY LIC	ENSE 6. TEST TYPE	. 73		
SYSTEMS (GIS) OR ACCREDITAT	ION NO.	217438	Zip Code	•
t material and the state of the	67 GID	Tel No.	County	
8. NAME AND ADDRESS OF OWNER (Please print or ty			F VETERINARIAN (Please prin	t or type)
	•	C.Y. BRASME		
DENNIS CHAVEZ		5900 JONES		
6 S/W. LIVESTOCK AUCTION.	de	ALBUQUERQUE		87120
LOS LUNAS . Zip Co	- Constant	Tel No. (505) 610-	1 *12.4.5	BERNALILIC
	11477			2/14/4/4/4/4/4/4/4/4/
i certify the specimen submitted wit	IFICATION OF FEDERALLY			above.
10. SIGNATURE OF FEDER (b)(6) ED VETERINARIA		11. TYPE OR PRINT SIGNATUR		12. SIGNATURE DATE
(b) (b)	M.	C.Y. BRASMEK		1/13/11
	OFOTIFICATION OF CURRE		U 7111	160/12/15
I certify that mave examined this	CERTIFICATION OF OWNE form and, to the best of my k		orm is true, correct and com	olete.
13. SIGNATURE OF OWNER OR OWNER'S AGENT	to the district of the distric	14. TYPE OR PRINT SIGNATUR		15. SIGNATURE DATE
16 . Official 18.			22.	23. 24 M - Male
Tuba 10.	00 452 842	20. 21. Color Breed	Electronic A	ge or Sex F - Female
No. Tag 1 rationals 985 179 0	00 652 842	101 18 10 11	3,U. NO, 1	G - Gelding
		13/5/ 1 Paint		N · Neuter
	SIGNIFICANT MARKING	C WHORLE BRANDS	AND CCARE	<u>u. </u>
1		Fetlock, 4 - Knee, 5 - Hock	3 2	
	NARRATIVE DESCRIP			
25. HEAD		26. OTHER MARKS AND BRANDS		
27. LEFT FORELIMB		28. RIGHT FORELIMB		
29. LEFT HINDLIMB		30. RIGHT HINDLIMB		
M. LABORATORY NAME OF THE PARTY		ORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED		34. TEST RESULTS	-
ALBUQUERQUE CUGGINS LAB.	6/13/10	6/13/16	Negative Positive	AGID ELISA
ALBUQUERQUE, NM.	36. SIGNATURE OF TECHNICIAN		35! REMARKS	

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

See reverse for more OMB infor	mation.			FORM APPROVE	D - OMB NUME	3ER 0579 - 0	127
EQUINE INFECTION	ARTMENT OF AGRICULTURE ANT HEALTH INSPECTION SERVICE US ANEMIA LABORATOR Memorandum 555.16)	Y TEST	SERIAL NO. Q067919	1. ACCESSIO	N NUMBER	2. DATE B DRAWN	
Forms Without Adequat	e Descriptions Of The Hor		lete Addresses Inc t Be Processed.	luding Zip Code:	s, Counties	, and Tele	phone
3. REASON FOR TESTING	Show F	irst Test	7. NAME AND ADDR	ESS OR STABLE/MAI	RKET (Please p	orint or type)	
Market Change of C	Ownership Retest E	6. TEST TYPE					
SYSTEMS (GIS)	OR ACCREDITATION NO.	LELISA	N/2	.	Zip Code		
LAT: LONG:	1167	AGID	Tel No.		County		
B. NAME AND ADDRESS OF OWN			9. NAME AND ADDR	ESS OF VETERINARI		nt or type)	
DENNIS CHAVEZ			NATE MENDS TO AND AND AND AND	SMED DUN			
e S/W. LIVESTOCK	AUCTION.			OF DIAPE NO	1 2402 3		
LOS LUNAS.	Zip Code		AL SUOUS	***** * ******************************	Zip Code	8712	0
Tel No.	County id.	L	Tel No. (5()5) f	10-4711	County	BEHAN	<u> </u>
I certify the spec	CERTIFICATION cimen submitted with this form v		Y ACCREDITED VETE		late indicated	above.	
10. SIGNATURE OF FEDERALL (b)(6)			11. TYPE OR PRINT SIG			12. SIGNATI	JRE DATE
(b)(O)	-		C.Y. BRASM	ARE TOUR		1011	2/11.
	CERTIFICA	ATION OF OWN	ER OR OWNER'S AG			1	
I certify that I	have examined this form and, to	the best of my	knowledge and belief,	this form is true, cor	rect and com	plete.	
13. SIGNATURE OF OWNER OR OWN	ER'S AGENT		14. TYPE OR PRINT SIG	NATURE NAME		15. SIGNAT	URE DATE
16. Official 18.	985 170 000 6	52 157		1. Electro		23. ge or 24.	M - Male
No. Tag Tattoo/Brand			Color Br	eed 1.D. N		DOB Sex	F - Female G - Gelding
			Ronte fa.	n+		a F	N - Neuter
<u> </u>	SHOW ALL SIGNIFICA	ANT MARKING	S, WHORLS, BRA	NDS, AND SCAR	S		
			5 3 3 - Fetlock, 4 - Knee, 5 - Ho		3 2		
	NARR	ATIVE DESCRI	PTION AND REMARK		7/1	4	
25. HEAD			26. OTHER MARKS AND B	RANDS C	771	1	3 175 100
27. LEFT FORELIMB	The of		28. RIGHT FORELIMB	100 W	715	الرس	
29. LEFT HINDLIMB	in bar		30. RIGHT HINDLIMB	V.V.			

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).

FOR LABORATORY USE ONLY

33, DATÉ REPORTEDIOUT

34. TEST RESULTS

35. REMARKS

Negative Positive

32 DATE RECEIVED

36. SIGNATURE OF TECHNICIAN

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NA.

ALBUQUERQUE COGGINS LAB.

- ELISA

AGID

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

SERIAL NO. o0579192

1. ACCESSION NUMBER

		,	<u> </u>		Millian Car				
Forms Without Adequate	e Descriptions Of The Hors Num	se and Compl bers Will Not			Zip Codes, Count	ties, and Tele	ephone		
3. REASON FOR TESTING		rst Test			TABLE/MARKET (Plea	se print or type)	•		
Market Change of O	wnership Retest E	kport							
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE							
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO.	XXELISA		N/A.	Zip C	ode			
LONG:	1167	AGID	Tel No.		Cou				
8. NAME AND ADDRESS OF OWN	ER (Please print or type)		9. NAME AND	ADDRESS OF V	ETERINARIAN (Please	print or type)			
DENNIS CHAVEZ			C-Y.	BRASMER	DVI4.				
@ S/w. LIVESTOCK			5900	I TONES PI			· · · · · · · · · · · · · · · · · · ·		
LOS LUNAS.	Zip Code		ALBUQUERQUE, NM. Zip Code 27120						
Tel No.	County	4	Tel No. (5(<u>5) 610-47</u>	11 Cour	nty REFER	Will Commence		
l certify the speci	CERTIFICATION (imen submitted with this form w					ated above.			
10. SIGNATURE OF FEDERA (b)(6)	D VETERINARIAN		11. TYPE OR PI	RINT SIGNATURE N	AME	1 1	URE DATE		
	.*		C.Y. E	KASMER DV	м.	1011.	3/16		
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NAME AND ASSESSED ASS	nave examined this form and, to	the best of my l							
13. SIGNATURE OF OWNER OR OWNE	ER'S AGENT	7. I	14. TYPE OR P	RINT SIGNATURE N	IAME	15. SIGNA	TURE DATE		
16 . Official 18. Tube Tattoo/Brar IIII	985 1 <i>7</i> 0 000 635	5 607	28. Color	21. Breed	22. Electronic	23. Age or Sex	M - Male F - Female		
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31. LABORATORY NAME/CITY/STATE			33. DATE REPORT		TEST RESULTS	·····	The state of the s		
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ALBUQUERQUE, NA.	36. SIGNATU	JRE OF TECHNICIA (b)(6)	N .	35/	REMARKS				
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Falsification of this fo	orm or knowingly using a falsi	fied form is a c	riminal offense	and may resu	It in a fine of not m	ore than \$10,0	000 or		

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

on 679193

1. ACCESSION NUMBER

	Memorandum 555.16)	IVATOR I	1231	100010	100	ACL.	1001	6		
Forms Without Adequate	Descriptions Of			lete Addresse		Zip Codes,	Counties,	and To	elephoi	ne
3. REASON FOR TESTING	Show		rst Test			STABLE/MARK	FT (Please n	rint or typi	el	
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4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENS		6. TEST TYPE		7			7:		
SYSTEMS (GIS)	OR ACCREDITATION	NO.	AKELISA		N/A.		Zip Code			
LAT: LONG:	1167	Ē.	AGID	Tel No. County						
8. NAME AND ADDRESS OF OWNE					ADDRESS OF	VETERINARIAN	(Please prin	t or type)		
DENNIS CHAVEZ	200			C.V.	BRASMER	DVM.		•)		
6 S/W. LIVESTOCK A	AUCTION.				JONES PI			3 3 3		
LOS LUNAS.	Zip Code	*	ALBUOHEROHE, NM. Zip Code 87120							
Tel No.	County	NM.		Tel No. (505	610-47	711.	County	REKA	(A), Fid	J.C
I certify the specia	CERTIFION CERTIFICATION CERTIF			Y ACCREDITED e from the horse			e indicated	above.		
10. SIGNATURE OF FEDERALLY A				11. TYPE OR PRI					ATURE DA	ATE
				C.Y. BR	ASMER DV	/A		(0)		
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13. SIGNATURE OF OWNER OR OWNER			the best of my		INT SIGNATURE		:		NATURE D	ATE
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16 . Official 18.	21 11/01 1001 1001 2001 1001 1001 1001 1			20.	21.	22.		23.	24. M - M	ale
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	700 170 00	0 002	+ 752	wh, te	Paint]/	M	
1	SHOW ALL SIG	5 2 1 - Coro	net, 2 - Pastem,	3 - Fetlock, 4 - Knee	5 - Hock		3 2)
25. HEAD		NARR/	ATIVE DESCRI		Maria (2000) 11 7000-00	8				
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27. LEFT FORELIMB	with my			28. RIGHT FORELIM	AB N	CALL	e - H	(81
29. LEFT HINDLIMB	100			30. RIGHT HINDLIM	В	14-4-1	0			
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31. LABORATORY NAME/CITY/STATE	3:	2. DATE RE		33. DATE REPORTE		TEST RESULTS				A
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ALBUQUEKQUE, nm.		6. SIGNATU	JRE OF TECHNICIA	(N	35.	REMARKS				
- V			(b)(6)		7	*				
Falsification of this for	m or knowingly usi imprisonm	ng a falsi ent for n	fied fo ot more than :	ninal offense years or both (i	and may resu U.S.C. Section	ult in a fine of n 1001).	not more t	than \$10	,000 or	

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANIEMIA LABORATORY TEST

SERIAL NO. 00679194 1. ACCESSION NUMBER

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Forms Without Adequate	Descriptions Of The Horn Num	se and Compl nbers Will Not	ete Addresse Be Processe	s Including Zi d.	p Codes, C	ounties,	and Tele	phone
3. REASON FOR TESTING	Show Fi	rst Test	7. NAME AND	ADDRESS OR ST	ABLE/MARKE	T (Please pri	nt or type)	le constitution de la constituti
Market Change of Ov		xport						
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6, TEST TYPE		N/A.				- Control
LAT: LONG:	1147	AGID				Zip Code		
8. NAME AND ADDRESS OF OWNE	P (Please print or type)	1	Tel No.	ADDRESS OF VE	TEDINADIAN	County Please print	nr fyne)	
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DENNIS CHAVEZ @ S/W. LIVESTOCK A	ATOTA ON			BRASMER D JONES PLA		<u> </u>		
LOS LUNAS.	Zip Code			CUEROUE. N		Zip Code	87120)
Tel No.	County MA		5) 610-471		County	BERNAI		
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10. SIGNATURE OF FEDER (b)(6)	ED VETERINARIAN			INT SIGNATURE NA			12. SIGNATU	RE DATE
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			ER OR OWNER					· · · · · · · · · · · · · · · · · · ·
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13. SIGNATURE OF OWNER OR OWNER	(S AGEN I		14. TYPE OR PR	RINT SIGNATURE NA	ME		15. SIGNAT	URE UATE
16. Official 18 Tube No. Tag Tattoo/I			20. Color	21. Breed	22. Electronic I.D. No.	Age DO	or 24.	M - Male F - Female
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		300	Di te	1			19	N - Neuter
			- Fetlock, 4 - Knee			3 2		
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29. LEFT HINDLIMB	My Large		30. RIGHT HINDLIN	AB .	1	00.		
		FOR LABORAT	ORY USE ONL	Υ				
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORT		EST RESULTS	,		
ALBUQUERQUE COGGIN		2110	6 1 8		Negative	Positive	AGID	ELISA
ALBUQUERQUE, NM.	36. SIGNATI	URE OF TECHNICA	, man	35./R	EMARKS			
Falsification of this for	m or knowingly using a falsi imprisonment for n	ified fo not more than 5	al offense years or both (and may result (U.S.C. Section	t in a fine of 1001).	not more t	han \$10,00	00 or

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(V.S. Memorandum 555 16)

serial no. a0679195 1. ACCESSION NUMBER

(VS N	(lemorandum 555.16)			400,02		ACI.	1011		
Forms Without Adequate	Descriptions Of	The Hors	e and Comp	lete Addresses t Be Processed.	Including 2	Zip Codes, (Counties,	and Tele	phone
3. REASON FOR TESTING	Show		st Test	7. NAME AND AD		TABLE/MARKE	T (Please pr	int or type)	
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4. GEOGRAPHIC INFORMATION	5. VETERINARY LICEN		6. TEST TYPE						
SYSTEMS (GIS) Lat:	OR ACCREDITATION	NO.	E LISA		N/A.	×	Zip Code		
LONG:	116	.7	AGID	Tel No.		·	County		
8. NAME AND ADDRESS OF OWNE				9. NAME AND AL	DDRESS OF V	ETERINARIAN	(Please print	or type)	
DENNIS CHAVEZ				l cv	BRASMER	DAM			
@ S/w. LIVESTOCK	AUCTION.				JONES PI				
LOS LUNAS.	Zip Code			ALKIK	HEROHE	NM	Zip Code	8717	251
Tel No.	County	ÄМ	•) 610-47		County	REPRI	- 1 11 5 c
l certify the specir	CERTIF men submitted with t			Y ACCREDITED V e from the horse d			indicated	above.	
10. SIGNATURE OF FEDERALLY ACC	0)(6) ARIAN			11. TYPE OR PRINT			*)	12 SIGNAT	URE DATE
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I certify that I ha	ave examined this fo					is true, correct	t and comp	lete.	
13. SIGNATURE OF OWNER OR OWNER				14. TYPE OR PRIN					TURE DATE
*									
16. Official 18				20.	21.	22.		3. 24.	M - Male
Tube No. Ταα Tattoo/I				Color	Breed	Electronic I.D. No.		e or Sex	•
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	,0 1,0 000	, 004	, ,	white	C/O				
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				3 - Fetlock, 4 - Knee, 5			3 2		
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			FOR LABORA	TORY USE ONLY	×				
31. LABORATORY NAME/CITY/STATE		32. DATE RE		33. DATE REPORTED	QUT 34.	TEST RESULTS			-
ALBUQUERQUE COGGIA	S LAB.	10112	9114	0 3		Negative	Positive	AGID	ELISA
ALBUQUERQUE, MM.		36. SIGNATI	RE OF TECHNICA	N .	35/	REMARKS			
		±.	(b)(6)	J.					
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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

SERIAL NO. 0679196 1. ACCESSION NUMBER

	femorandum 555,16)	1 1231	Grand Co.	ACC.	6101	6113	
Forms Without Adequate			lete Addresses Including	g Zip Codes,	Counties,	and Telep	hone
3. REASON FOR TESTING	P-1	irst Test	7. NAME AND ADDRESS OF	R STABLE/MARK	ET (Please p	rint or type)	
Market Change of Ow			STATE STREET, STATE STAT				
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE			•		
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO.	TELISA .	K/A.		Zip Code		
LONG:	1167	AGID	Tei No.		County	,	
8. NAME AND ADDRESS OF OWNE			9. NAME AND ADDRESS OF	F VETERINARIAN	(Please prin	f or type)	
DENNIS CHAVEZ			C.Y. BRASME	k_OVM.			
@ S/w. LIVESTOCK	AUCTION.		5900 IGNES	PLACE NU			
LOS LUNAS.	Zip Code		ALMIOUEROUE	. NA	Zip Code	8712	ì
Tel No.	County N	í.	Tel No. (505) 610-	4711	County	REPNA	1.57
I certify the specin	nen submitted with this form v		Y ACCREDITED VETERINA e from the horse described by		te indicated	above.	
10. SIGNATURE OF FEDERALLY	RINARIAN		11. TYPE OR PRINT SIGNATUR C.Y. BRASMER			12/ SIGNATU	RE DATE
I certify that I be	CERTIFICA		ER OR OWNER'S AGENT		ct and com	Nete	
13. SIGNATURE OF OWNER OR OWNER		o the best of my	14. TYPE OR PRINT SIGNATUR		ot and comp	15. SIGNATU	DE DATE
	·		IS. TIPE ON PRINT SIGNATUR	LIAME		IS. SIGNATO	ME DATE
16. Official 18.			1 1	22.	T	23.	M - Male
Tube No. Tao Tattoo/Bi			20. 21. Color Breed	Electronic		ge or Sex	F - Female
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			skin huse				N - Neuter
	SHOW ALL SIGNIFICA	ANT MARKING	S, WHORLS, BRANDS,	AND SCARS			
			3-Fetlock, 4 - Knee, 5 - Hock		3 2		
	NARR	ATIVE DESCRI	PTION AND REMARKS		(4)		
25. HEAD	tuil		26. OTHER MARKS AND BRANDS	C-1	L+	4	
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29. LEFT HINDLIMB	CK		30. RIGHT HINDLIMB	och	•		Managara Para Para Para Para Para Para Para
		FOR LABORAT	TORY USE ONLY				-
31. LABORATORY NAME/CITY/STATE	32. DATE RI	ECENED	33. DATE REPORTED OUT 3	4. TEST RESULTS			
ALBUQUERQUE COGGIN	IS LAB.	310	41310	Negative _	Positive	AGID	ELISA
ALBUQUERQUE, Nm.	36. SIGNAT	URE OF TECHNICIA (b)(6)		5. REMARKS			
Faisification of this for	m or knowingly using a fals imprisonment for i	ified form is a control of the second	riminal offense and may re years or both (U.S.C. Sect	sult in a fine of ion 1001).	f not more	than \$10,00	0 or

serial no. a0679197 1. ACCESSION NUMBER

	Memorandum 555.16)	TORT IEST	QUOTOTOT	aci 116	13 6/13/16					
Forms Without Adequate	Descriptions Of Th	e Horse and Comp Numbers Will No	olete Addresses Includin	g Zip Codes, Cour	nties, and Telephone					
3. REASON FOR TESTING	Show	First Test	7. NAME AND ADDRESS O	R STABLE/MARKET (PI	ease print or type)					
Market Change of O	wnership Retest	Export								
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE								
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO	: XELISA	N/A.	Zip	Code					
LONG:	1167	AGID	Tel No.	Co	unty					
8. NAME AND ADDRESS OF OWN			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)							
DENNIS CHAVES			C V RUASWEL DUM							
& S/W. LIVESTOCK	AUCCTON		5000 LOWES	D) ACR MIL						
LOS LUNAS.	Zip Code		AL RUQUERQUE	Zip	Code 87100					
Tel No.	County	NW:	Tel No. (505) 610-	4711 Co	unty PERMANANTAN					
I certify the speci			Y ACCREDITED VETERINA e from the horse described I		cated above.					
10. SIGNATURE OF FEDERALLY (b)(6	ETERINARIAN		11. TYPE OR PRINT SIGNATUR		12. SIGNATURE DATE					
L contifu th			IER OR OWNER'S AGENT		l complete					
I certify th		and, to the best of my	knowledge and belief, this fo		the state of the same of the s					
			14. TYPE OR PRINT SIGNATUR	250	15. SIGNATURE DATE					
16. Official 18.	985 170 000	667 426	20. 21. Color Breed	22. Electronic	23. Age or Sex F - Fernale					
No. Tag Tattoo/Br			135, 12 0	1,D. No.	DOB G - Gelding					
		HALF BANK SERVE BANK BANK SANK	Biget Paint		N - Neuter					
	SHOW ALL SIGN	HEICANT MADVIN	CO WHODIS BRANDS	AND SCAPS						
	SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS 5 2 3 2 1									
25. HEAD	* *****	NARRATIVE DESCR	PTION AND REMARKS	1.00						
·	1.14		26. OTHER MARKS AND BRANDS		CILIH					
27. LEFT FORELIMB	Marile of	: :	28. RIGHT FORELIMB							
29. LEFT HINDLIMB			30. RIGHT HINDLIMB		and the second s					
		FOR LABORA	TORY USE ONLY							
31. LABORATORY NAME/CITY/STATE ALEUQUERQUE COGGI. ALEUQUERQUE, NM.	AS LAB. :	SIGNATURE OF TECHNICA	61310	34. TEST RESULTS Negative Posi	itive AGID 🕞 ELISA					
Falsification of this fo	rm or knowingly using imprisonmen	a falsified form is a t for not more than	criminal offense and may re 5 years or both (U.S.C. Sect	esult in a fine of not ration 1001).	more than \$10,000 or					

	U.S. DEPARTMENT OF AGRICULTURE
	ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUIN	IE INFECTIOUS ANEMIA LABORATORY TEST
	(VS Memorandum 555 16)

SERIAL NO. 0679198 1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

	emorandum 555.16)	1 1531	Grand Control	"F 0. ()	ACT MIDIL	1 0	1/2	
Forms Without Adequate I		rse and Compl mbers Will Not			Zip Codes, Cour	ties, and	Tele	phone
3. REASON FOR TESTING		First Test			STABLE/MARKET (Ple	ease print or	type)	
Market Change of Own	nership Retest	Export			•			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE						
LAT:	OR ACCREDITATION NO.	X连LISA		A/A.	Zip	Code		
LONG:	1167	AGID	Tel No.			unty		
8. NAME AND ADDRESS OF OWNER	(Please print or type)		9. NAME AND	ADDRESS OF V	/ETERINARIAN (Pleas	se print or typ	ie)	
DENNIS CHAVEZ			C.Y.	BRASMER	DVM			
4 S/W. LIVESTOCK A		* -	5900	JONES P		_		
LOS LUNAS.	Zip Code			CURROUE	17(19)		7196	3
Tel No.	County No			(5) $610-47$		inty 👊	DNA	lid. 6
Loodify the appair	CERTIFICATION					atad abay	_	
10. SIGNATURE OF FEDERALLY AC	en submitted with this form v	was drawn by me		RINT SIGNATURE N				IRE DATE
10. SIGNATURE OF FEDERALLY AC	ARIAN		The same of the sa	E)		1/0		
	OFFICIO	47:01:05:01:11		KASMER DV	<u>M</u>		+	
I certify that I have	ve examined this form and, to	ATION OF OWN			is true, correct and	complete.		
13. SIGNATURE OF OWNER OR OWNER'S				RINT SIGNATURE			SIGNATI	URE DATE
	t.							
16. Official 18.		INITURINI	20.	21.	22.	23	24.	M - Male
Tube No. Tag Tatti			Color	Breed	Electronic I.D. No.	Age or DOB		F - Female
985	170 000 654 2	54	Bleen	Paint			OA	G - Gelding N - Neuter
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	NARR	ATIVE DESCRI		A CONTRACTOR OF CONTRACTOR				
25. HEAD	(V ,		26. OTHER MARKS	S AND BRANDS	(X)	1/1	4/1	/+
27. LEFT FORELIMB			28. RIGHT FORELI	IMB \	in te	L		
29. LEFT HINDLIMB	200	u.	30. RIGHT HINDLI	мв	a par	*************************************		
		FOR LABORAT	ORY USE ONL	.Y		9.5		
31. LABORATORY NAME/CITY/STATE	32. DATE R	ECEIVED	33. DATE REPORT	FED OUT 34.	TEST RESULTS	_		
ALBUQUERQUE COGUINS		ON O	ONA		Negative Posit	tive A	GID	ELISA
ALBUQUERQUE, NM.	30. SIGNA	(b)(6)		35/	REMARKS			a .
				ATT.	1701 7 1000 100	10.00		

Falsification of this form or knowingly using a falsified form is a commal 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).

serial no. q0679199

1.	AÇ	CESS	ION I	NUMI	BER
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(Vs	S Memorandum 555,16)				Fart >	(O)	112 11 1
Forms Without Adequa	te Descriptions Of The Hors		lete Addresses t Be Processed		ip Codes, Cou	nties, and	Telephone
3. REASON FOR TESTING		rst Test			TABLE/MARKET (P	dease print or t	tyne)
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@ S/W_TIVESTOCK			5900	JONES PL			J
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@ S/W. LIVESTOCK	AUCTIO			590	O JONES	PLACE NU.			*
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13. SIGNATURE OF OWNER OR OWNER'S AGENT				14. TYPE OR P	RINT SIGNATUR	E NAME		15. S	SIGNATURE DATE
16. Official 18. Tattoo/Brand	85 1 <i>7</i>	19. O 000 666	692	ZO. Color	21: Breed Count of	22. Electron 1.D. No		23. Age or DOB	24. M - Male F - Female G - Gelding N - Neuter
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ALBUQUERQUE COGGINS LAB.

ALBUQUERQUE, NM.

33. DATE REPORTED OUT

34. TEST RESULTS

FOR LABORATORY USE ONLY

32. DATE RECEIVED

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).

31. LABORATORY NAME/CITY/STATE

serial no. q0679051

1. ACCESSION NUMBER

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Forms Without Adequate			lete Addresse t Be Processe		Zip Codes, Coun	ities, and Telephone
3. REASON FOR TESTING		irst Test			STABLE/MARKET (Ple	ease print or type)
Market Change of Ow	vnership Retest SE	xport				
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE				
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8. NAME AND ADDRESS OF OWNE			9. NAME AND	ADDRESS OF \	/ETERINARIAN (Pleas	se print or type)
DENNIS CHAVEZ	· · · · · · · · · · · · · · · · · · ·		C V	BRASMER	DVX:	
6 S/W. LIVESTOCK	AUCTTON			JONES PI		,
LOS LUNAS.	Zip Code			OUEROUE.	-:	Code 87120
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31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORT		TEST RESULTS	
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Falsification of this for	m or knowingly using a fals	ifled form is a c	riminal offense	and may resu	ult in a fine of not n	nore than \$10,000 or

SERIAL NO. 0679052 1. ACCESSION NUMBER

	JUS ANEMIA LABORATOR 'S Memorandum 555.16)	T IESI	(Q) A (a	1106	AC) V	BISI		
Forms Without Adequa	ate Descriptions Of The Ho Nu	rse and Comp	lete Addresse t Be Processe	es Including	Zip Codes, (Counties,	and Tele	phone
3. REASON FOR TESTING		First Test			STABLE/MARKE	T (Please pi	int or type)	
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		N/A.				
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B. NAME AND ADDRESS OF OW	INER (Please print or type)				VETERINARIAN	(Please phili	or type)	
DENNIS CHAVEZ @ S/W. LIVESTOCE	z altoptymi	-		PRASMER 1 JONES P	40			
LOS LUNAS.	Zip Code			IOUEKOUE.	NAL P. MAL	Zip Code	8712	n
Tel No.	County N	W.)5) 610-4	· · · · · · · · · · · · · · · · · · ·	County	L. R. R. S. S.	77.4.
I certify the so	CERTIFICATION					e indicated	above.	
10. SIGNATURE OF FEDERAL	ETERINARIAN			RINT SIGNATURE		141	12. SIGNATU	RE DATE
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13. SIGNATURE OF OWNER OR OW	I have examined this form and, t	to the best of my	<u> </u>	RINT SIGNATURE		t and comp	15. SIGNAT	IIPE DATE
13. SIGNATORE OF OWNER OR OW	HER 3 AGEN!		14. TIPE OR P	RIN SIGNATURE	. NAME		IV. SIGNAT	ONE DAIL
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31. LABORATORY NAME/CITY/STA ALBUQUERQUE COGG	1		33. DATE REPORT	TED OUT 34	TEST RESULTS	Positive	AGID	ELISA
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See reverse for more OMB inform	ation.			· FOI	RM APPROVED -	OMB NUME	BER 0579 - 0	127
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Forms Without Adequate		rse and Comple mbers Will Not			Zip Codes,	Counties	, and Tele	phone
3. REASON FOR TESTING Market Change of Over		First Test Export	7. NAME AND	ADDRESS OF	STABLE/MARK	ET (Please p	rint or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE						
LAT: LONG:		AGID		A/A.		Zip Code		
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FOR LABORATORY USE ONLY

36. SIGNATURE OF

28. RIGHT FORELIMB

30. RIGHT HINDLIMB

33. DATE REPORTED OUT-

34. TEST RESULTS

35. REMARKS

Negative Positive

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NH.

ALBUQUERQUE COGGINS LAR.

27. LEFT FORELIMB

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	RTMENT OF AGRICULTURE		SERIAL NO.		1. ACCESSION N	UMBER	2. DATE E	
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LONG:	1167	AGID	Tel No.	(٠	County		
8. NAME AND ADDRESS OF OWNE	R (Please print or type)	4	9. NAME AND	ADDRESS OF	F VETERINARIAN (Please print	or type)	
DENNIS CHAVEZ			CY	RUACHEL	e THE:			
♥ S/W. LIVESTOCK /	ancrion.		Sonr	I TOWER I	PLACE NE			*
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31. LABORATORY NAME/CITY/STATE	32. DATE R		33. DATE REPOR		4. TEST RESULTS			
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serial no. Q0679055 1. ACCESSION NUMBER

(VS Me	emorandum 555.16)				ACT HUD	1 0	() () () () ()
Forms Without Adequate	Descriptions Of 1	he Horse and Comp Numbers Will No	lete Address t Be Process	es Including ed.	Zip Codes, Cour	ities, and	Telephone
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8. NAME AND ADDRESS OF OWNER	R (Please print or type)		9. NAME AND	ADDRESS OF \	/ETERINARIAN (Pleas	se print or type	9)
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M S/W. LIVESTOCK A	DOTTOR.		Suria				
LOS TIINAS.	Zip Code		AT ET	WHERUIE		Code g	719.1
Tel No.	County	N. Per	- 4.54	15) 610-43	Coi	unty	
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I certify the specim		is form was drawn by me				cated above	
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13. SIGNATURE OF OWNER OR OWNER	'S AGENT		14. TYPE OR P	RINT SIGNATURE	NAME .	15. SI	IGNATURE DATE
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16. Official 18.		MA HER FOR TO THE LARGE BARRA THE BOTT FOR THE B	20.	21.	22.	23.	24. M - Male
No. Tag Tattoo/Br			Color	Breed	Electronic I.D. No.	Age or DOB	Sex F - Female
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	U.S. DEPAR	MENT OF AG	RICULTURE	
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EQUINE	INFECTIOUS	ANEMIA	LABORATORY	TEST
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See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127 U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE SERIAL NO. 1. ACCESSION NUMBER 2. DATE BLOOD DRAWN an 679058 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) 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) First Test Show Market Change of Ownership Retest Export 4. GEOGRAPHIC INFORMATION **VETERINARY LICENSE** 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. XXELISA 14 / FL. Zip Code LAT: LONG: AGID Tel No. County 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRASMER DVA S/W. LIVESTOCK AUCTION IONES PLACE Zip Code Zip Code LOS LUNAS ALBITOTIEROHE 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 11. TYPE OR PRINT SIGNATURE NAME 10. SIGNATURE OF FEDERALLY (b)(6) 12. SIGNATURE DATE INARIAN 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 22. 23. M - Male 18. Tube Electronic Tattoc " Color Breed Sex F - Female Tag I.D. No. DOB No. G - Gelding 0419 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 FORELIME 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

Falsification of this form or knowingly using a falsified form. To a symmetric 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).

36. SIGNATURE OF TECHNICIAN

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Negative

REMARKS

Positive

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

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SERIAL NO. Q0679059 1. ACCESSION NUMBER

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DENNIS CHAVEZ			C V RRASHI	FR HVM				
@ S/W. LIVESTOCK	AUCTION.		5900 JONES	PLACE NU				
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DENNIS CHAVEZ			C.Y.	ERASMER	MIN		
@ S/W. LIVESTOCK A	AUCTION.			TONES PI			
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serial no. q0679063 1. ACCESSION NUMBER

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@ S/W. LIVESTOCK	AUCTION.				JONES I	- -			
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1. ACCESSION NUMBER

	S ANEMIA LABORATOR Memorandum 555.16)	Y TEST	Qub /	1964	111:	82	611	
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1 certify that the	ave examined this form and, t	o the best of my	knowledge and	belief, this form	n is true, correct a	and compl	lete.	
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR P	RINT SIGNATURE	NAME		15. SIGNAT	URE DATE
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serial no. a0679065

1. ACCESSION NUMBER

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4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE	7	W. 1				
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8. NAME AND ADDRESS OF OWNE		·	9. NAME AND	ADDRESS OF	VETERINARIAN (Please print	or type)	
DENNIS CHAVEZ			CV	RRASMER	13 17 3a			
@ S/W. LIVESTOCK A	AUCTION			JONES P		2		· _ · · · · · · · · · · · · · · · · · ·
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		<u> </u>	C.Y. BE	ASMER D	Vr.		011.	
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I certify that I ha	ave examined this form and, to				n is true, correct	and comp	lete.	
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everse for more OMB information.		
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SERIAL NO. 00679066 1. ACCESSION NUMBER

(VS N	lemorandum 555.16)			ACL.	11134	6/11	2111
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3. REASON FOR TESTING		rst Test	7. NAME AND ADDRES	S OR STARLE/MAI	RKET (Please o	rint or type)	
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4. GEOGRAPHIC INFORMATION					· k		
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LONG:	1167	AGID	Tel No.		County		
8. NAME AND ADDRESS OF OWNE			9. NAME AND ADDRES	SS OF VETERINARIA	AN (Please prin	t or type)	
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*	CERTIFICATION (OF FEDERALLY	ACCREDITED VETER	INARIAN			
I certify the specin	nen submitted with this form w	as drawn by me	from the horse describ	oed below on the d	late indicated	above.	
10. SIGNATURE OF FEDERALL (b)(6)	VETERINARIAN		11. TYPE OR PRINT SIGN	ATURE NAME		12. SIGNATU	JRE DATE
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		FOR LABORAT	ORY USE ONLY				The state of the s
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORTED OUT	34. TEST RESULT	rs		
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	imprisonment for n	ot m	or both (U.S.C.	Section 1001).			

serial no. q0679067 1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

	US ANEMIA LABORAT Memorandum 555.16)	ORY TEST	one (1067	ACL. N	R.F.	611	31/6
Forms Without Adequat		Horse and Compl Numbers Will Not				ounties,	and Tele	phone
3. REASON FOR TESTING	Show [First Test	7. NAME AND	ADDRESS OF	R STABLE/MARKE	T (Please pi	int or type)	
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		11/2.		÷		An and an arrive
. LAT:		1=		21/ 220		Zip Code		
LONG:	1167	AGID	Tel No.		-	County		
8. NAME AND ADDRESS OF OWN	IER (Please print or type)	*	9. NAME AND	ADDRESS OF	VETERINARIAN ((Please print	or type)	
DENNIS CHAVEZ			C.Y.	BRASMER				
@ S/W. LIVESTOCK			5900		LACE NW.		700 m a 10	
LOS LUNAS.	Zip Code			OUEKQUE.	particular des	Zip Code	6712	
Tel No.	County	NM.	Tel No. (50	THE PART OF THE PA	A. 101/2000	County	BEKNA	الدائلين
I certify the spec	CERTIFICATI cimen submitted with this fo	ON OF FEDERALLY rm was drawn by me	from the horse	described b	elow on the date	indicated		
10. SIGNATURE OF FEDERAL (b)(6)	VETERINARIAN		11. TYPE OR P	RINT SIGNATUR	ENAME		12. SIGNAT	URE DATE
		Tr.	C.Y. B	RASMEK D	VM.		6/1	5/10
		FICATION OF OWN			3			15
	have examined this form ar	nd, to the best of my l				and comp		
13. SIGNATURE OF OWNER OR OWN	ER'S AGENT		14. TYPE OR P	RINT SIGNATUR	ENAME	_	15. SIGNAT	TURE DATE
16 . Official . 18.	19.		20.	21.	22. Electronic		23. ge or 24.	M - Male
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		FOR LABORAT	ORY USE ONL	Υ				
31. LABORATORY NAME/CITY/STAT		TE RECEIVED	33. DATE REPORT	TED OUT 3	4. TEST RESULTS			
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imprisonment for not more than 5 years or both (U.S.C. Section 1001).

See reverse for more OMB inform	ation.			FO	RM APPROVED - OMB	NUMBER (0579 - 01	127
EQUINE INFECTIOU	RTMENT OF AGRICULTURE INT HEALTH INSPECTION SERVICE S ANEMIA LABORATOR Memorandum 555.16)	Y TEST	serial no. d0679068 1. ACCESSION NUMBER 2. DATE BLO DRAWN				Annual Contraction of the Contra	
Forms Without Adequate	Descriptions Of The Ho	rse and Comp mbers Will No	lete Address	es Including	Zip Codes, Cour	nties, an	d Tele	phone
3. REASON FOR TESTING		First Test			STABLE/MARKET (Ple	ease print c	r type)	
Market Change of Ov	wnership Retest	Export						
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE						
LAT:	OR ACCREDITATION NO.	ALELISA		M/A.	Zip	Code		
LONG:	1167	AGID	Tel No.			unty		
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS OF	VETERINARIAN (Pleas	se print or t	ype)	
DENNIS CHAVEZ			C.Y.	RRASME	i Ti W y.			
e S/W. LIVESTOCK			5900	LIONES I				
LOS LUNAS. Zip Code			ALBI	IQUERQUE.	NW Zip	Code	8717	Ü
Tel No.	County	4	Tel No. (50)5) 610-4	711 Cou	unty E	FLAA	11/:::
I certify the specin	CERTIFICATION men submitted with this form					cated abo	ve.	
10. SIGNATURE OF FEDERALL (b)(6)	[ERINARIAN	-	11. TYPE OR PI	RINT SIGNATURI	ENAME	12.	SIGNATI	IRE DATE
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	CERTIFIC	ATION OF OWN					•	
1 certify that I ha	ave examined this form and, t	to the best of my	knowledge and	belief, this for	m is true, correct and	complete	٠.	
13. SIGNATURE OF OWNER OR OWNER		14. TYPE OR P	RINT SIGNATUR	E NAME	15.	SIGNAT	URE DATE	
				7				
16. Official 18			20.	21.	22. Electronic	23. Age or	24.	M - Male
No. Tag Tattoo/			Color	Breed	I.D. No.	DOB	Sex	F - Female G - Gelding
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		FOR LABORAT	ORY USE ONL	Y				

Falsification of this form or knowingly using a falsified in the final 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).

33. DATE REPORTED OUT

34. TEST RESULTS

35. REMARKS

Negative Positive

32. DATE RECEIVED

36. SIGNATURE OF TECHNICIAN

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE, NM.

ALBUQUERQUE COGGINS LAB.

AGID

00679069

1. ACCESSION NUMBER

(VS N	femorandum 555.16)	i LO.	4001000	L ACT	1181	$\cup \cup \cup$	
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Market Change of Ow		rst Test xport	7. NAME AND ADDRESS O	N 3 I ABLEMAN	CE I (r reade pr	in Con type)	
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE					
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LAT: LONG:	11/7	AGID	Tel No.		County	······································	**************************************
8. NAME AND ADDRESS OF OWNE	R (Please print or type)	<u></u>	9. NAME AND ADDRESS O	F VETERINARIAN		or type)	
DENNIS CHAVEZ	and the amendment formers and set former.				NO. 4 1 DESTRUCTIONS 4 SHE NOW	- All C	
⊎ S/W. LIVESTOCK	ATILITYCAN		C.Y. BRACNE	44 A ML B P T &			
LOS LUNAS.	Zip Code		V) FROM BROWN		Zip Code	371	>/-
Tel No.	County NA		Tel No. (505) 610-	* * 4 ** * 4	County	20.273.17	
l certify the specin	CERTIFICATION (Y ACCREDITED VETERINA	RIAN	te indicated	above.	
10. SIGNATURE OF FEDERALLY A (b)(11. TYPE OR PRINT SIGNATUR	RE NAME		12. SIGNAT	
	CEDTIEICA	TION OF OWN	C.Y. BRASMER	DV:		1	1 " 1100
I certify that I ha	ave examined this form and, to			orm is true, corre	ct and comp	lete.	
13. SIGNATURE OF OWNER OR OWNER			14. TYPE OR PRINT SIGNATUR		<u> </u>		TURE DATE
			1.				
16 . Official 18.	19.		20. 21.	22.		23. 24.	M - Male
No. Tag Tattoo/Bra			Color Breed	Electronic I,D. No.		OB Sex	and the production of the second
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>	85 170 000 657	345	white is			\$ <u> </u>	
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,			3 - Fetlock, 4 - Knee, 5 - Hock				
25. HEAD	NAKR	ALIVE DESCRI	PTION AND REMARKS 26. OTHER MARKS AND BRANDS				
			THE WIND MANUA MAIN BLOWING				
27. LEFT FORELIMB			28. RIGHT FORELIMB	T Y	,~		
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	With the		30. RIGHT HINDLIMB	1/1/1	QUIN	t	
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31. LABORATORY NAME/CITY/STATE	32. DATE RE	CENTED	1 1 1 1 2 1 1 22	34. TEST RESULTS	1		
ALBUQUERQUE COGGIN	S LAB.	O ILT.	9119110	Negative _	Positive	AGID	ELISA
ALBUQUERQUE, NM.	36. SIGNATO	JRE OF TECHNICIA (b)(6)		35. REMARKS			
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Esisilia-No		5 14					
raisilication of this for	m or knowingly using a falsi imprisonment for n	ot more than 5	s milhai offense and may re	esult in a fine of tion 1001).	r not more t	nan \$10,0	00 or

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

	IS ANEMIA LABORATOR Memorandum 555.16)	Y TEST	aip (air (i)	ACI: 11188	6/13/10
Forms Without Adequate			elete Addresses Includir t Be Processed.		
3. REASON FOR TESTING		irst Test	7. NAME AND ADDRESS (OR STABLE/MARKET (Plea	se print or type)
Market Change of Ov	wnership Retest 🖫 E	Export			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE			
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LONG:	1167	AGID	Tel No.	Cou	
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS (OF VETERINARIAN (Please	print or type)
DENNIS CHAVEZ			C.Y. BRASME		
@ S/W. LIVESTOCK	AUCTION. Zip Code		5900 JONES	71. 0	ada o sa co
LOS LUNAS. Tel No.	P. S.		ALBUQUERQUE Tel No. (505) 616-	19121	tracti
Ter No.		_	(303) 010	7111	REENALTE O
I certify the speci	men submitted with this form v		Y ACCREDITED VETERINA e from the horse described		ated above.
10. SIGNATURE OF FEDERALLY ACC			11. TYPE OR PRINT SIGNATU		12. SIGNATURE DATE
			C.Y. BRASMER	DVm.	16113110
	CERTIFIC	ATION OF OWN	IER OR OWNER'S AGENT	*****	
I certify that I h	ave examined this form and, to			orm is true, correct and	complete.
13. SIGNATURE OF OWNER OR OWNE	R'S AGENT		14. TYPE OR PRINT SIGNATU	RE NAME	15. SIGNATURE DATE
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16 Official 18.			20. 21.	22. Electronic	23. 24. M - Male
No. Tag Tatto			Color Breed	I.D. No.	DOB Sex F - Female G - Gelding
	85 170 000 665	893	Boy Quay) // N - Neuter
	·) 10/30		<i>A</i> 6
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	4.00				
	N		B - Fetlock, 4 - Knee, 5 - Hock		ر علود الراب المساود ا
25. HEAD	*	WILL DESCRI	PTION AND REMARKS 26. OTHER MARKS AND BRANDS	S	*
TC>	all				
27. LEFT FORELIMB			28. RIGHT FORELIMB		, <u>, , , , , , , , , , , , , , , , , , </u>
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29. LEFT HINDLIMB		_	30. RIGHT HINDLIMB	· A	
(_	DCK		<u> </u>		
31. LABORATORY NAME/CITY/STATE	32. DATE R		TORY USE ONLY	24 TEST PEOUL TO	
		3 10	33. DATE REPORTED OUT	34. TEST RESULTS	. DAOID ET CLOS
ALBUQUERQUE COGGIA ALBUQUERQUE, NM.		URE OF TECHNICIA		Negative Positi	e AGID ELISA
ALDUQUERQUE, NIL.	33. 3.312.	(b)(6)		HENCHAN	
Falsification of this for	m or knowingly using a fals	ified form is a	criminal offense and may	esult in a fine of not m	ore than \$10 000 or
	imprisonment for	not more than 5	years or both (U.S.C. Sec	tion 1001).	+

serial no. q0679071 1. ACCESSION NUMBER

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3. REASON FOR TESTING		rst Test			STABLE/MARKET (Plea	se print or type)	
Market Change of Ow			<u></u>				
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE	<u> </u>		,		,
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LONG:	1167	AGID	Tel No.	- 31	Cour	nty	
8. NAME AND ADDRESS OF OWNE		<u> </u>	9. NAME AND	ADDRESS OF	VETERINARIAN (Please	print or type)	
DENNIS CHAVEZ			C.Y.	BRASMER	DVW.		
10 S/W. LIVESTOCK	AUCTION.			JONES P			
LOS LUNAS.	Zip Code			OUERODE.	71 0	ode 8712	1,5
Tel No.	County NA		Tel No. (50			ity BERNA	1.[1.[4)
	CERTIFICATION C	OF FEDERALL	Y ACCREDITED	VETERINAR	IAN .		
I certify the specir	men submitted with this form w					ated above.	
10. SIGNATURE OF FEDERAL (b)(6)	ERINARIAN		11. TYPE OR PE	RINT SIGNATURE	NAME	12. SIGNATI	URE DATE
		_	C.Y. B	RASMER DV	/M		
			ER OR OWNER			Ĭ	,
	ave examined this form and, to	the best of my		* 1			
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR PI	RINT SIGNATURE	NAME	15. SIGNAT	URE DATE
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No. Tag Tattoo/E		444444444	Color	Breed	I.D. No.	DOB Sex	F - Fernale G - Gelding
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B 2	SC, B			4,7	2 / 6	3 7	
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	1 - Coro	net. 2 - Pastern. 3	3 - Fetlock, 4 - Knee	e. 5 - Hock			
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25. HEAD	. 72		26. OTHER MARKS	\$10000000 phi(#15000)			
- No							
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	$^{\circ}$ $^{\prime}$ $^{\prime}$ $^{\prime}$ $^{\prime}$ $^{\prime}$						
29. LEFT HINDLIMB			30. RIGHT HINDLIN	AB			
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		OR LABORA	TORY USE ONL	Υ			
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORT		TEST RESULTS	-	
ALBUQUERQUE COGGIN	S LAB.	0110	0113	10 1	Negative 🔲 Positiv	e 🔲 AGID	ELISA
ALBUQUERQUE, NM.		RE OF TECHNICIA	N		REMARKS	y managed a	
The state of the s		(b)(6)					
<u> </u>						i.	
Faisification of this for	m or knowingly using a falsi	fied	inal offense	and may ree	ult in a fine of not me	ore than \$10 0	00 or
	imprisonment for n		waara ay bath	MICC Codle	- 4004)		• .

SERIAL NO. 0679072 1. ACCESSION NUMBER 2

NUMBER 2. DATE BLOOD DRAWN

Forms Without Adequate Des	scriptions Of The Hor	se and Comp	lete Address	es Including ed.	Zip Codes, Cou	nties, and Tele	phone .
3. REASON FOR TESTING	<u> </u>	irst Test	7. NAME AND	ADDRESS OR	STABLE/MARKET (PI	ease print or type)	
Market Change of Owners	**************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				,	
	ETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		iv/A.			
LAT:		AGID		20,220		Code	
LONG:	1167	AGID	Tel No.			unty	
8. NAME AND ADDRESS OF OWNER (Pl	ease print or type)		1		VETERINARIAN (Pleas	se print or type;	
DENNIS CHAVEZ	uma a ma	***************************************		BRASMER			***************************************
@ S/W. LIVESTOCK AUC	Zip Code			O TONES P	7	Code 8712	2.53
LOS LUNAS.	TA t	•		<u> 100ERQUE.</u> 05) 610-4	RM.	<u> </u>	i Ilka
TO NO.	CERTIFICATION	N.M.III.III.	73.		, , , , , , , , , , , , , , , , , , ,	05.6.83	VI
I certify the specimen	submitted with this form w					cated above.	
10. SIGNATURE OF FEDERALLY ACCREDITE		The state of the s		RINT SIGNATURE		12. SIGNAT	URE DATE
(b)(6)			C.Y.	BRASMER D	VM.	10112	
:		TION OF OWN	ER OR OWNER	R'S AGENT		2 ;	
	examined this form and, to		knowledge and	belief, this for			***************************************
13. SIGNATURE OF OWNER OR OWNER'S AC	GENT		14. TYPE OR P	RINT SIGNATURE	NAME	15. SIGNAT	URE DATE
16. Official 18.	19.		20. Color	21. Breed	22. Electronic	23. Age or Sex	M - Male F - Female
No. Tag Tattoo/Brand			+ .	3	1.D. No.	DOB SEA	G - Gelding
	70 000 444		1304	K17 +c/		14 1/2	N - Neuter
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25. HEAD	NAKK	ATIVE DESCRI	26. OTHER MARK		\	į	
			٠		To LH	EN	4. (3)
27. LEFT FORELIMB			28. RIGHT FOREL	IMB	¥ .	,	
29. LEFT HINDLIMB	<u>, </u>		30. RIGHT HINDLE	МВ			
		FOR LABORAT	ORY USE ONL	_Y			
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORT		. TEST RESULTS		
ALBUQUERQUE COGGINS	LAB. UI	ろりし	0112	10 1.	Negative 🗌 Posi	tive 🔲 AGID	ELISA
ALBUQUERQUE, NM. Falsification of this form of		(b)(6)			REMARKS	nore than \$10,0	00 or

See reverse for more OMB inform	nation.			FO	RM APPROVED - OI	MB NUMBE	R 0579 - 01	27	
EQUINE INFECTIOU	ARTMENT OF AGRICULTURE ANT HEALTH INSPECTION SERVICE JS ANEMIA LABORATORY Memorandum 555.16)	TEST	serial no. a) 679	073	1. ACCESSION NU	JMBER	2. DATE BL	.OOD	
Forms Without Adequate		se and Compl bers Will Not	plete Addresses Including Zip Codes, Counties, and Telephone						
3. REASON FOR TESTING Market Change of O	Show Fi	rst Test			STABLE/MARKET	(Please pri	nt or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) 5. VETERINARY LICENSE OR ACCREDITATION NO.			in/h.e Zin Code						
LAT: LONG:	1167	AGID	Tel No.			Zip Code County			
8. NAME AND ADDRESS OF OWN			9. NAME AND	ADDRESS OF	VETERINARIAN (P	Please print	or type)		
DENNIS CHAVEZ			C.Y	BRASME	R DVK				
e s/w. Livestock	AUCTION.				PLACE NU				
LOS LUNAS.	Zip Code		A!.RI	Юпекопь	Ni≪	Zip Code	8712	i''	
Tel No.	County N	-		05) 610-	4/11	County	DELVA	and the second	
I certify the spec	CERTIFICATION (imen submitted with this form w	OF FEDERALLY as drawn by me	ACCREDITED from the horse	VETERINAL described b	RIAN elow on the date in	ndicated a	bove.		
10. SIGNATURE OF FEDERALLY A	(6) ERINARIAN		11. TYPE OR PE	RINT SIGNATURE	NAME		12. SIGNATU	RE DATE	
	····		C.Y. i	KASMER I	DVM.		0110	13.50	
1 17 17	CERTIFICA	TION OF OWNE	ER OR OWNER	S AGENT				•	
13. SIGNATURE OF OWNER OR OWNE	nave examined this form and, to	the best of my k				and compi			
13. SIGNATURE OF OWNER OR OWNE	ERS AGENT	•	14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DATE						
16. Official 18. Tube No. Tao Tattoo/Brand	19. 	d (1114 1166) (a 111 a111 a111 a 1 21	20. Color	21. Breed	22. Electronic I.D. No.	Age DO	or 24.	M - Male F - Female	
	985 170 000 65	6 284	Bikin	04			3 1/	G - Gelding N - Neuter	
	SHOW ALL SIGNIFICA			BRANDS	AND SCARS				
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5 5 3							4		
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		TIVE DESCRIP					······································		
25. HEAD			26. OTHER MARKS						
27. LEFT FORELIMB			28. RIGHT FORELI	MB					
20 I FET HINDLIMS			30 DICUT (1900) 19	<u>, / </u>					

31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED 33. DATE REPORTED OUT 34. TEST RESULTS 6/13/10 ALBUQUERQUE COGGINS LAB. Negative Positive AGID ALBUQUERQUE, NM. 36. SIGNATURE OF TECHNICIAN 35. REMARKS

FOR LABORATORY USE ONLY

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).

9	U.S. DEPARTMENT OF AGRICULTURE	
	ANIMAL AND PLANT HEALTH INSPECTION SERVICE	¥
EQUINE	INFECTIOUS ANEMIA LABORATORY	TEST
Name of the last o	A/C Mamarandum EEE 46)	

SERIAL NO. 00679074

1. ACCESSION NUMBER

(VS M	lemorandum 555.16)		Ca. T. J. O. T. T. T.	ACI	142	0/12/11
Forms Without Adequate	Descriptions Of The Hors Num	se and Compl nbers Will Not	lete Addresses Includir t Be Processed.	ng Zip Codes,	Counties,	and Telephone
3. REASON FOR TESTING	Show Fi	rst Test	7. NAME AND ADDRESS O	R STABLE/MARK	ET (Please pr	int or type)
Market Change of Ow	mership Retest -E	xport				
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE	6. TEST TYPE				
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO.	A ELISA	N/A.		Zip Code	
LONG:	1167	AGID	Tel No.		County	1500054
B. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS (OF VETERINARIAN	l (Please print	or type)
DENNIS CHAVEZ			C.Y. BRASMI	ER DVM.		
é S/W. LIVESTOCK	AUCTION.		5900 JONES	PLACE NU		
LOS LUNAS.	Zip Code		ALBHOHEROU	7 NIN	Zip Code	87120
Tel No.	County No.		Tel No. (505) 610-	-4711	County	BRUNATTING
I certify the specir	CERTIFICATION (nen submitted with this form w		ACCREDITED VETERINA from the horse described		te indicated a	above.
10. SIGNATURE OF FEDERALLY A (b)((FERINARIAN		11. TYPE OR PRINT SIGNATU C.Y. BRASMER			12. SIGNATURE DATE
			ER OR OWNER'S AGENT			
	eve examined this form and, to			orm is true, corre	ct and comp	lete.
13. SIGNATURE OF OWNER OR OWNER	'S AGENT		14. TYPE OR PRINT SIGNATU	RE NAME	o bary	15. SIGNATURE DATE
16 Official 18. Tube No. Tag Tattoo/E			20. 21. Color Breed	22. Electroni I.D. No.	c Ag	24. M - Male Sex F - Female
98	35 170 000 666		Surrellier		7	G - Gelding N - Neuter
	SHOW ALL SIGNIFICA	NT MARKING	S, WHORLS, BRANDS	AND SCARS		
	1 - Coro	onet, 2 - Pastern, 3	5 3 2 - Fetlock, 4 - Knee, 5 - Hock	No.	3 2	
·	NARRA	ATIVE DESCRIP	PTION AND REMARKS			
25. HEAD	Campo.		26. OTHER MARKS AND BRAND	S .	D9	2
27. LEFT FORELIMB			28. RIGHT FORELIMB	wint	(
29. LEFT HINDLIMB	- (}-		30. RIGHT HINDLIMB	961L		<u> </u>
		FOR LABORAT	ORY USE ONLY			
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORTED OUT	34. TEST RESULTS		
ALBUQUERQUE COGGIN		5日レコ	6112 1101	Negative [Positive	AGID TELISA
ALBUQUEKQUE, NM.		URE OF TECHNICIA (b)(6)		35 REMARKS		Land Land
Falsification of this for	m or knowingly using a falsi imprisonment for n		ffense and may r	esult in a fine o	f not more t	han \$10,000 or

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127 SERIAL NO. U.S. DEPARTMENT OF AGRICULTURE 1. ACCESSION NUMBER 2. DATE BLOOD ANIMAL AND PLANT HEALTH INSPECTION SERVICE 0679075 DRAWN **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** (VS Memorandum 555.16) 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) Show First Test Market Change of Ownership Retest GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. **ELISA** N/A. Zip Code LAT: AGID LONG: County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CRAVEZ RRASMER DVN @ S/W. LIVESTOCK AUCTION 5900 TONES PLACE NU Zip Code Zip Code LUNAS 87120 Tel No. County County Tel No. 610 - 471CERTIFICATION 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 11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATE 10. SIGNATURE OF FEDERALLY A BRASMER 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. 15. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 14. TYPE OR PRINT SIGNATURE NAME 16. Official 22. M - Maie 18. 24. 20. 21. Electronic I.D. No. Tube Age or DOB Tattoo/Branc Color Breed No. Tag G - Geldina ric N - Neuter SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

		1 - Coronet, 2 - Pastern,	3 - Fellock, 4 - Knee, 5 - Hock		
insenta ,		NARRATIVE DESCR	IPTION AND REMARKS		
25. HEAD	STOV		26. OTHER MARKS AND BRAN	NDS	
27. LEFT FORELIMB			28. RIGHT FORELIMB		
29. LEFT HINDLIMB			30. RIGHT HINDLIMB		
		FOR LABORA	TORY USE ONLY		
31. LABORATORY N	AME/CITY/STATE UE COGGINS LAB.	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS Negative Positive	AGID ELIS
ALBUQUERQ	UE, NA.	36. SIGNATURE OF TECHNICA (b)(6)	AN	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	SERIAL NO.	1. ACCESSION NUMBER 2. DATE BLOOD
ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST	00679076	DRAWN
(VS Memorandum 555.16)		on 11194 6/12 11
Forms Without Adequate Descriptions Of The Horse and Comple Numbers Will Not	ete Addresses Includin Be Processed.	g Zip Codes, Counties, and Telephone
3. REASON FOR TESTING Show First Test		R STABLE/MARKET (Please print or type)
Market Change of Ownership Retest Export		
4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE		
SYSTEMS (GIS) OR ACCREDITATION NO.	N/A.	Zip Code
LONG: 1167	Tel No	County
8. NAME AND ADDRESS OF OWNER (Please print or type)	9. NAME AND ADDRESS O	VETERINARIAN (Please print or type)
DENNIS CHAVEZ	C V RRACME	D YAYAS
& S/W. LIVESTOCK AUCTION.	5900 10NBS	DI ACE NO
LOS LUNAS. Zip Code	AT RHOUSEOUS	Zin Codo
Tel No. County NM	Tel No. (505) 610-	4711 County
CERTIFICATION OF FEDERALLY		DERMAN CONTRACTOR
I certify the specimen submitted with this form was drawn by me	from the horse described to	elow on the date indicated above.
10. SIGNATURE OF FEDER (D)(G) ITED VETERINARIAN	11. TYPE OR PRINT SIGNATUR	E NAME 12. SIGNATURE DATE
· · · · · · · · · · · · · · · · · · ·	C.Y. BRASMER	DVM. 10113115
CERTIFICATION OF OWNE	·, · · · · · · · · · · · · · · · · · ·	
I cer <mark>my mace nav</mark> e examined this form and, to the best of my ki	nowledge and belief, this fo	rm is true, correct and complete.
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATUR	E NAME 15. SIGNATURE DATE
Tit Pharacon		
16 . Official 18.	20. 21,	22. 23. 24. M - Male
Tube No. Tag Tattoo/Bi	Color Breed	Electronic Age or Sex F - Female
Tube No. Tag Tattoo/Bi 985 170 000 656 957	Sitel averte	
300 73/	huse	7 6 n-Neuter
SHOW ALL SIGNIFICANT MARKING	S. WHORLS, BRANDS,	AND SCARS
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1 - Coronet, 2 - Pastern, 3 -		
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June 1	G. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB	8. RIGHT FORELIMB	
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29. LEFT HINDLIMB	A. MINISTER	
25. LEFT HINDLING	30. RIGHT HINDLIMB	
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		The state of the s
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, No	- 110 1101	Negative Positive AGID ELISA
ALBUQUEKQUE, MM. 36. SIGNATURE OF TECHNICIAN (b)(6)	· '	SA NEMAKAS
Falsification of this form or knowingly using a falsified form or a limprisonment for not more than 5 y	years or both (U.S.C. Sect	sult in a fine of not more than \$10,000 or ion 1001).

serial no. q0679077 1. ACCESSION NUMBER

	S ANEMIA LABORATOR (demorandum 555.16)	I IESI	400130		100	95	611	2 1/-
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DENNIS CHAVEZ			CVD	DACNED	_T\16:			
@ S/W. LIVESTOCK	AUCTION.		5000 1	OF DO BY	DVIT.			
LOS LUNAS.	Zip Code		ATAUOU	CHAINS II	LACE NA.	Zip Code	071.	· · ·
Tel No.	County NA		Tel No. (505)	610-A	7.1.1	County	U/12	
I certify the specir	CERTIFICATION of the nen submitted with this form w		r ACCREDITED VE			indicated	DERNA above.	Nid & a. S.
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13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR PRINT	SIGNATURE N	NAME		15. SIGNAT	URE DATE
16 Official 18.	19		20.	21.	22. Electronic		3, a or 24.	M - Male
No. Tag Tattoo/			Color	Breed	I.D. No.		OB Sex	F - Female G - Gelding
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98	35 170 000 664 SHOW ALL SIGNIFICA	/51	1001191	L			<u>~ 6</u>	
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31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIN ALBUQUERQUE, NM.	S LAb.	STID URE OF TECHNICA	33. DATE REPORTED O	05	TEST RESULTS Negative REMARKS	Positive	AGID	ELISA
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Falsification of this for	m or knowingly using a fals imprisonment for i	ified form is a conot more than 5	rımınal offense and years or both (U.S	may resu.C. Section	ult in a fine of n 1001).	not more t	han \$10,0	00 or

2. DATE BLOOD DRAWN

1. ACCESSION NUMBER

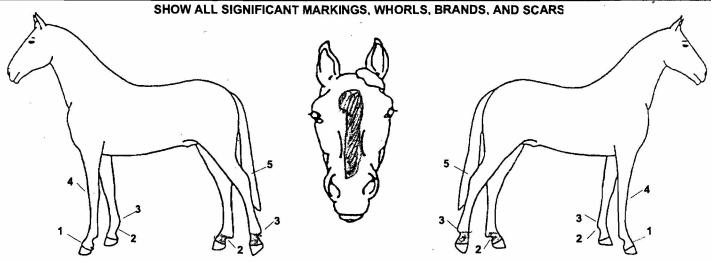
U.S. DEI ANIMAL AND P EQUINE INFECTIO (VS	SERIAL NO. 0679078		
Forms Without Adequa	te Descriptions Of The Ho Nu	rse and Comp	lete Addresses Inclu t Be Processed.
3. REASON FOR TESTING Market Change of		First Test Export	7. NAME AND ADDRES
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LONG:	1167	AGID	Tel No.
8. NAME AND ADDRESS OF OW	NER (Please print or type)		9. NAME AND ADDRES
DENNIS CHAVEZ			C.Y. BRAS
@ S/W. LIVESTOCK	AUCTION.		5900 JONE
LOS LUNAS.	Zip Code		ALBUOUERO
Tel No.	County	M.	Tel No. (505) 61
			Y ACCREDITED VETER

7. NAME AND ADDRESS OR STABLE/MARK	ET (Please print or type)
a. l.A	
M/A.	Zip Code
Tel No.	County
9. NAME AND ADDRESS OF VETERINARIAN	(Please print or type)
C.Y. BRASMER DVM.	
5900 JONES PLACE NV.	
ALBUOUEROUE, NM.	Zip Code 87120
Tel No. (505) 610-4711	County BERNALITY

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 FEDER (b)(6) 11. TYPE OR PRINT SIGNATURE NAME 12, SIGNATURE DATE ERINARIAN C.Y. BRASMER DVM. **CERTIFICATION OF OWNER OR OWNER'S AGENT**

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

14. TYPE OR PRINT SIGNATURE NAME 13. SIGNATURE OF OWNER OR OWNER'S AGENT 15. SIGNATURE DATE 16 . Official 22. Electronic I.D. No. 23. M - Male 18. 24. Tube Age or DOB Tattoo/B Color Breed Sex F - Female No. G - Gelding MI El N - Neuter 985 170 000 665 030



	1 - Coronet, 2 - Pastern,	3 - Fetlock, 4 - Knee, 5 - Hock			
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29. LEFT HINDLIMB	30. RIGHT HINDLIMB	met			
	FOR LABORA	TORY USE ONLY			
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB.	32. DATE RECEIVED	33. DATE REPORTEDIOUT	34. TEST RESULTS Negative Positive	AGID	∴ <u>.</u> ELISA
ALEUQUERQUE, NM.	36. SIGNATURE OF THE STATE OF T		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).

See reverse for more OMB inform	nation.			FO	RM APPROVED - O	MB NUMB	ER 0579	- 0127
	RTMENT OF AGRICULTURE	- Out-in-	SERIAL NO.		1. ACCESSION N	. ACCESSION NUMBER 2. DATE BLOOD		
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(VS Memorandum 555.16)					ACI 1	147	1	13 110
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I certify that I h	nave examined this form	RTIFICATION OF OW and, to the best of m			m is true, correct	and comp	olete.	¥
13. SIGNATURE OF OWNER OR OWNE		***************************************	14. TYPE OR PRINT			-		NATURE DATE
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31. LABORATORY NAME/CITY/STATE	32.	DATE RECEIVED	33. DATE REPORTED	OUT 3	4. TEST RESULTS			30.4.00.90000
ALBUQUERQUE COGGI		61010	16/13/1		-AR1	Positive	AGII	D ELISA
ALBUCUERQUE, No.	36.	SIGNATURE OF TECHNIC	IAN	3	5. REMARKS	rvv444444		

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).

ALBUQUERQUE, Nr.

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 **First Test** 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Show Change of Ownership GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) OR ACCREDITATION NO. **EMSA** N/A. Zip Code AGID LONG: Tel No. County 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK 5900 JONES PLACE Zip Code Zip Code LOS LUNAS Tel No. County County Tel No. NW 610-471 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 11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATE 10. SIGNATURE OF FEDER (b)(6) D VETERINARIAN CERTIFICATION OF OWNER OR OWNER'S AGENT 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 15. SIGNATURE DATE 14. TYPE OR PRINT SIGNATURE NAME 16 . Official M - Male 18 20. 21. 24. Electronic I.D. No. Tube Age or DOB Name of Horse Tattoo/Brand No. Tag G - Gelding 000 653 053 N - Neuter 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. Negative Positive ELISA AGID 36. SIGNATURE OF TECHNICIAN 35. REMARKS ALBUQUERQUE, NM. Faisification of this form or knowingly using a faisified 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 TE	ST
(VS Memorandum 555.16)	

SERIAL NO. Q0679080 1. ACCESSION NUMBER

(VS Memorandum 55	5.16)		ACL.	0 (11121)
Forms Without Adequate Description	ns Of The Horse and Comp Numbers Will No		ding Zip Codes, Coun	ties, and Telephone
3. REASON FOR TESTING	Show First Test		S OR STABLE/MARKET (Plea	ase print or type)
Market Change of Ownership	Retest Export			
4. GEOGRAPHIC INFORMATION 5. VETERINARY		2.1		,
SYSTEMS (GIS) OR ACCREDI	TATION NO. XELISA	N/A.	Zip C	ode
LONG:	1167 AGID	Tel No.	Cou	nty
8. NAME AND ADDRESS OF OWNER (Please print of	or type)	9. NAME AND ADDRES	S OF VETERINARIAN (Please	print or type)
DENNIS CHAVEZ		C.Y. BRAS	MER DVM.	
@ S/w. LIVESTOCK AUCTION.		5900 JONE	S PLACE NW.	
LOS LUNAS. Zir	Code	ALBUOUERO	ITE. NM. Zip C	ode 87120
Tel No. Co	ounty NM.	Tel No. (505) 61	0-4711 Cou	nty BERNAL HILL
CE I certify the specimen submitted	ERTIFICATION OF FEDERALL I with this form was drawn by me			ated above.
10. SIGNATURE OF FEDERA(b)(6) ED VETERINA	ARIAN	. 11. TYPE OR PRINT SIGNA	TURE NAME	12. SIGNATURE DATE
		C.Y. BRASME	k DVM.	Will de Hill
	CERTIFICATION OF OWN	IER OR OWNER'S AGE	NT	
	this form and, to the best of my	knowledge and belief, thi	is form is true, correct and	complete.
13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNA	ATURE NAME	15. SIGNATURE DATE
16. Official 18.	19.	20. 21.		23. 24. M - Male
No. Tag Tattoo/Bra		Color Bree	1,D. No.	DOB Sex F - Female G - Gelding
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	000 635 684	I NO		1 / 16
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OF MEAN	NARRATIVE DESCRI	PTION AND REMARKS		
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29. LEFT HINDLIMB		30. RIGHT HINDLIMB	10 mil	
	FOR LABORA	TORY USE ONLY		The Control of the Co
31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS	w m. 144
ALBUQUERQUE COGGINS LAB.	0110110	6110110	Negative Positi	ve 🗌 AGID 🔝 ELISA
ALBUQUERQUE, NM.	36. SIGNATURE OF TECHNICA	AN	35/ REMARKS	
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Falsification of this form or knowing impr	gly using a falsified form is a sister some standard some	comma offense and ma	y result in a fine of not m Section 1001).	ore than \$10,000 or

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST SERIAL NO. 1. ACCESSION NUMBER DATE BLOOD ons79082 DRAWN (VS Memorandum 555.16) 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) Show First Test Change of Ownership 4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE SYSTEMS (GIS) RELISA N/A. Zip Code LAT: LONG: **AGID** Tel No. County 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BEASMER DVA @ S/W. LIVESTOCK AHCTTON TONES PLACE Zip Code Zip Code LOS LUNAS ALBHOHEROUG Tel No. County Tel No. County (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 11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE DATE RINARIAN BRASMER CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that mave 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 Official 22. Electronic 23. M - Male 18. Age of Tattoo/B Color Breed F - Female No. I.D. No. G - Gelding Run N - Neuter 170 000 657 829 SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

	1 - Coronet, 2 - Pastern,	3 - Fetlock, 4 - Knee, 5 - Hock		2000 Marie 1900 arie 1900 Marie 1
	NARRATIVE DESCR	IPTION AND REMARKS		
25. HEAD	26. OTHER MARKS AND BRANDS			
27. LEFT FORELIMB	-	26. RIGHT FORELIMB		
29, LEFT HINDLIMB		30. RIGHT HINDLIMB	*	
	FOR LABORA	TORY USE ONLY		
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NE.	32. DATE RECEIVED 36. SIGNATURE OF TECHNICI (b)(6)	33. DATE REPORTED OUT	34. TEST RESULTS Negative Positive 35. REMARKS	AGID 🗍 ELISA

imprisonment for not more than 5 years or both (U.S.C. Section 1001).

See reverse for more OMB information				501	RM APPROVED - O	MO NI IMOS	D 0570 - 0	197
	RTMENT OF AGRICULTURE	**	SERIAL NO.					
ANIMAL AND PLA	NT HEALTH INSPECTION SERVICE		10000 00000 000	000	1. ACCESSION N	UMBER	2. DATE B DRAWN	
	S ANEMIA LABORATOR' Memorandum 555.16)	TEST	a0679	0003	ACT	1701	(2)	
Forms Without Adequate		se and Compl nbers Will Not			Zip Codes, Co	ounties,	and Tele	phone
3. REASON FOR TESTING	Show F	irst Test	7. NAME AND	ADDRESS OR	STABLE/MARKET	(Please pri	nt or type)	
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4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE						
SYSTEMS (GIS) LAT:	OR ACCREDITATION NO.	XXELISA		N/A.		Zip Code		
LONG:	116.7	AGID	Tel No.		(*)	County		
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS OF	VETERINARIAN (F	Please print	or type)	
DENNIS CHAVEZ			CV	DTO A CTAILET	13574			
@ S/W ANESTOCK	AUCCION		5000	DIGHTIC Y	E DVIII			*
LOS LINAS	Žip Code		67.20	OUR THE	NACE AND	Zip Code	9710	4
Tel No.	County Nist		Tel No. 50	5) 610-7	711	County	BERNS	1
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Negative Positive ALBUQUEAQUE COGGINS LAB. 36. SIGNATURE OF TECHNICIAN ALBUQUERQUE, MM.

34. TEST RESULTS

FOR LABORATORY USE ONLY

32. DATE RECEIVED

31. LABORATORY NAME/CITY/STATE

ELISA

AGID

SERÍAL NO.

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. ACCESSION NUMBER 2. DATE BLOOD 00679084 DRAWN EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16) 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) Show Change of Ownership Export Retest GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE 6. TEST TYPE **XELISA** SYSTEMS (GIS) OR ACCREDITATION NO. N/A. Zip Code LAT: AGID County Tel No. 8. NAME AND ADDRESS OF OWNER (Please print or type) 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) DENNIS CHAVEZ BRACKEL DWA & S/W. LIVESTOCK AUCTION 5900 JONES PLACE NU Zip Code Zip Code LOS LUNAS RUGHERAHE Tel No. County County Tel No. (505) 610-471 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 FEDERALL 11. TYPE OR PRINT SIGNATURE NAME 12, SIGNATURE DATE ETERINARIAN 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 22. 23. M - Male 18. 20. 21. 24. Electronic Age or F - Female Color Breed Tattoo/Brand Sex No. Tag I.D. No. DOB 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 STURY 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 CUGGINS LAE. Negative Positive AGID ELISA 36. SIGNATURE OF TECHNICIAN ALBUQUERQUE, M. 38. 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).

serial no. a0679085 1. ACCESSION NUMBER 2. DATE BLOOD DRAWN

(42.6	emorandum 555.16)				ACL III		1 5 1 1 mm
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4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE		N/A.			
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LONG:	1167	I Non	Tel No.		Cour		
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND	ADDRESS OF VE	ETERINARIAN (Please	print or type)	
DENNIS CHAVEZ		***************************************	<u> </u>	KRASMER I	DVM.		ac
@ S/W. LIVESTOCK			5900	TONES PLA	The state of the s	-4-	
LOS LUNAS.	Zip Code			IONERONE D		$-c_{-1}$	<u>f:</u>
Tel No.	County NM	•		(5) $(610-47)$		ity REPLA	Andreas to
I certify the specin	CERTIFICATION (men submitted with this form w		from the horse	described belov	w on the date indica	ated above.	
10. SIGNATURE OF FEDERALL (b)(6)	ERINARIAN		11. TYPE OR PE	RINT SIGNATURE NA	ME	12. SIGNAT	JRE DATE
			C.Y. B	RASMER DV	1.	6/1	3/10
			ER OR OWNER			- 1	1
	ave examined this form and, to	the best of my					
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR PE	RINT SIGNATURE NA	AME	15. SIGNAT	URE DATE
16 . Official Tube	19.		20. Color	21. Breed	. 22. Electronic	23. Age or Sex	M - Male F - Female
No. Tag Ta	170 000 656 30	I IIII		1 2 50	1.D. No.	DOB 34A	G - Gelding
/03	70 000 656 30		Scilte	7-16		4 6	N - Neuter
	SHOW ALL SIGNIFICA			hase		, ,	
4			i - Fetlock, 4 - Knee		3 2		
25. HEAD		ATIVE DESCRI	PTION AND RE 26. OTHER MARKS				
OINE							
27. LEFT FORELIMB			28. RIGHT FORELI	MB			
29. LEFT HINDLIMB	superior .		30. RIGHT HINDLIN	MB COTU	ine f		
		FOR LABORAT	ORY USE ONL				
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORT		EST RESULTS	<u> </u>	
ALBUQUERQUE COGGIN	S LAR. 611	31101	16113		Negative Positiv	re AGID	ELISA
ALBUQUERQUE, NM.		URE OF TECHNICIA			REMARKS		And I
Falsification of this for	m or knowingly using a falsi imprisonment for n		Inal offense	and may result (U.S.C. Section	t in a fine of not m 1001).	ore than \$10,0	00 or

	RTMENT OF AGRICULT		1	SERIAL NO.		1. ACCESSION	UMBER	2. DATE E	3LOOD
EQUINE INFECTIOUS	NT HEALTH INSPECTIO S ANEMIA LAB(lemorandum 555,16)	N SERVICE DRATORY	TEST	Ø 679	986	ACL.	1204	DRAW	
Forms Without Adequate		The Hors	se and Comp	lete Address	es Includin		1	, and Tele	phone
3. REASON FOR TESTING	Show		st Test			R STABLE/MARKE	T (Please p	rint or type)	
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4. GEOGRAPHIC INFORMATION	5. VETERINARY LICEN		6. TEST TYPE						
SYSTEMS (GIS)	OR ACCREDITATIO	N NO.	XELISA		N/A.		Zip Code		
LAT: LONG:	116	7	AGID	Tel No.			County		
8. NAME AND ADDRESS OF OWNE			I	9. NAME AND	ADDRESS O	F VETERINARIAN	Please prin	t or type)	
DENNIS CHAVEZ				C.Y.	RRASME	THUM:			
g S/W. LIVESTOCK A	UCTION.				JONES I		3		
LOS LUNAS.	Zip Code	3			OHERONE		Zip Code	8712	0
Tel No.	County	NM.			5) 610-4		County	RESNA	
I certify the specin	CERTIF nen submitted with		OF FEDERALLY	ACCREDITE	VETERINA	RIAN	indicated	above.	
10. SIGNATURE OF FEDERAL (b)(6)	ERINARIAN				RINT SIGNATUR			12. SIGNAT	URE DATE
(b)(G)				C.V. B	RASMER I)VW.		161	
		CERTIFICA	TION OF OWN						
l certify						rm is true, correct	t and comp	plete.	
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT			14. TYPE OR P	RINT SIGNATUR	ENAME		15. SIGNA	TURE DATE
					19.000000000000000000000000000000000000				
16. Official Tube				20.	21.	22. Electronic		23. ge or 24.	M - Male
No. Tag Tati				Color	Breed	I.D. No.		OOB Sex	F - Female G - Gelding
985	170 000 (352 61	2	Bou	YUSV 10		4	f /!	N - Neuter
	SHOW ALL S				1 12.50			<u></u>	1
		5 3 2	City of Second		5 3 2		3 2	4	
			net, 2 - Pastern, 3						
25. HEAD		NARRA	ATIVE DESCRI						
23. HEAU				26. OTHER MARK	S AND BRANDS				
27. LEFT FORELIMB				28. RIGHT FOREL	IMB				
29. LEFT HINDLIMB				30. RIGHT HINDLE	MB				
			FOR LABORAT	ORY USF ON	LY				
31. LABORATORY NAME/CITY/STATE		32. DATE RE		33, DATE REPOR		4. TEST RESULTS			
ALBUQUERQUE COGGINALBUQUERQUE, NM.	S LAZ.	(P)	S 10	013		Negative	Positive	AGID	ELISA
d-mandam's mrs.	1		(b)(6)		- I*				

Falsification of this form or knowingly using a falsified feet and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003)

	RTMENT OF AGRICULTURE INT HEALTH INSPECTION SERVICE		SERIAL NO.	1. ACCESSION	NUMBER 2. DATE BLOOD DRAWN
EQUINE INFECTIOU	S ANEMIA LABORATOR' Memorandum 555.16)	Y TEST	a067908	7	Man bank
	Descriptions Of The Hor		 lete Addresses Incl t Be Processed.	uding Zip Codes,	Counties, and Telephone
3. REASON FOR TESTING		irst Test		SS OR STABLE/MARI	KET (Please print or type)
Market Change of Ov		xport.			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE			
LAT:	OR ACCREDITATION NO.	XXELISA	IV/E	•	Zip Code
LONG:	1167	AGID	Tel No.		County
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRE		N (Please print or type)
DENNIS CHAVEZ	. II/AE: T / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			SMER DVM.	
@ S/W. LIVESTOCK .	Zip Code	-	ALBIOTIKE	ES PLACE NU.	Zip Code 87120
Tel No.	County NF		Tel No. (505) 6	*	County REPNALITY
	CERTIFICATION	OF FEDERALLY	ACCREDITED VETE	RINARIAN	
	men submitted with this form w	vas drawn by me			The second secon
10. SIGNATURE OF FEDERA (b)(6)	RINARIAN	No.	11. TYPE OR PRINT SIG	NATURE NAME	12, SIGNATURE DATE
	· · · · · · · · · · · · · · · · · · ·		C.Y. BRASH		- Vinding
I certify that I ha	CERTIFICA ave examined this form and, to		ER OR OWNER'S AGE knowledge and belief t		ect and complete
13. SIGNATURE OF OWNER OR OWNER			14. TYPE OR PRINT SIG		15. SIGNATURE DATE
				:50	
16 . Official 1.			20. 2	1. 22. Electron	23. 24. M - Male
No. Tag Tattoo	WWW WINDOWS	/	Color Bre	sed I.D. No.	
98	5 1 <i>7</i> 0 000 652 (007	BLUK 97	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	3 N - Neuter
	CHOW ALL COMPTO			184	
A	SHOW ALL SIGNIFICA	ANT MARKING	is, whorls, brai	NDS, AND SCARS	i Ar
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1/262		#	<u> </u>] \\	2/4/1
<i>O</i> =	0,20) 2 [/] C	0
	1 - Corr	nnet 2 - Pastern 3	- Fetlock, 4 - Knee, 5 - Ho	.ck	
			TION AND REMARKS		
25. HEAD			26. OTHER MARKS AND BR		
	tuk. snirt.	Court			
27. LEFT FORELIMB			28. RIGHT FORELIMB		, <u></u>
				. : 	
29. LEFT HINDLIMB	e		30. RIGHT HINDLIMB		
		FOR I ABODAY	ORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATE RE		33. DATE REPORTED OUT	34. TEST RESULTS	
ALBUQUERQUE COGGIN	S LAB.	5110 l	6113111	Negative	Positive AGID ELISA
ALBUQUERQUE, NM.		URE OF (b)(6)		35. REMARKS	Name of the second of the seco
u		Y-7X-7	,		
Faisification of this for	m or knowingly using a fals	ified formula a c	years or both (U.S.C.	ay result in a fine o	of not more than \$10,000 or
	priodiment tot i		Jears or both (U.S.C.	Section 1001).	

See leaglige for more Olain impliff	auon.			LOUNI VILLIOAFD - OND HOW	DER 03/3 - 0/2/
	RTMENT OF AGRICULTURE	1.	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD
EQUINE INFECTIOU	NT HEALTH INSPECTION SERVICE S ANEMIA LABORATOR	Y TEST	dn579088	1020/-	DRAWN
	Memorandum 555.16)			NOT 1100	10/12/16
Forms Without Adequate	Descriptions Of The Hor Nur	rse and Compl mbers Will Not	ete Addresses Include Be Processed.	ding Zip Codes, Counties	s, and Telephone
3. REASON FOR TESTING	Show F	First Test	7. NAME AND ADDRESS	S OR STABLE/MARKET (Please	print or type)
Market Change of Ov	vnership Retest	Export			
4. GEOGRAPHIC INFORMATION	5. VETERINARY LICENSE OR ACCREDITATION NO.	6. TEST TYPE			
SYSTEMS (GIS)	OR ACCREDITATION NO.	LISA	N/A.	Zip Code	•
LONG:	1167	AGID	Tel No.	County	
8. NAME AND ADDRESS OF OWNE	R (Please print or type)		9. NAME AND ADDRESS	S OF VETERINARIAN (Please pri	int or type)
DENNIS CHAVEZ			C V KWAS	MER DAY	
@ S/W. LIVESTOCK			5900 JONE	S PLACE NW.	
LOS LUNAS.	ZIp Code		Al Suquero		87120
Tel No.	County N		Tel No. (505) 61		BERNALLING
I certify the specin	CERTIFICATION men submitted with this form v		'ACCREDITED VETER! from the horse describe		d above.
10. SIGNATURE OF FEDERALI) VETERINARIAN		11. TYPE OR PRINT SIGNA	TURE NAME	12. SIGNATURE DATE
		2	C.Y. BRASME	R DAM	16/13/10
			ER OR OWNER'S AGEN		41 1
	ave examined this form and, t	o the best of my k			
13. SIGNATURE OF OWNER OR OWNER	R'S AGENT		14. TYPE OR PRINT SIGNA	TURE NAME	15. SIGNATURE DATE
16 Official 18 Tube To Tattoo/			20. 21. Color Breed		23. 24. M - Male Sex F - Female
NO. 120		- الإلالا	 	I.U. No.	DOB G - Gelding
98	35 170 000 653	603	25 LL [" 1"	ا الله ا	N - Neuter
M	SHOW ALL SIGNIFICA	ANT MARKING	S, WHORLS, BRAND	S, AND SCARS	A
1	5		5	3 2	
		ATIVE DESÇRIP	- Fetlock, 4 - Knee, 5 - Hock PTION AND REMARKS		
25. HEAD		of Arm	26. OTHER MARKS AND BRAM	IDS	
27. LEFT FORELIMB	(110		28. RIGHT FORELIMB	William S.	
29. LEFT HINDLIMB	flech pol		30. RIGHT HINDLIMB	1	
		FOR LABORAT	ORY USE ONLY		
31. LABORATORY NAME/CITY/STATE	32. DATER		33. DATE REPORTED OUT	34. TEST RESULTS	
ALBUQUERQUE COGGIN		31101	6113110	Negative Positive	AGID ELISA
ALBUQUERQUE, MA.		TURE OF TECHNICIAN	4	35. REMARKS	
,,,,,,,,		(b)(6)			

Falsification of this form or knowingly using a falsified some a seminal 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).