

2. NAME AND ADDRESS OF OWNER (Street, City, State and Zip Code)

STEVE RALPH
25256 KETTLE RIVER BLVD
FOREST LAKE MN 55025

Tel No. AC()

3. NAME AND ADDRESS WHERE HORSE IS STABLED (Street, City, State and Zip Code)

SAME

Tel No. AC()

4. NAME AND ADDRESS OF VETERINARIAN (Street, City, State and Zip Code. Print name and address legibly for window envelope use.)

LARRY WOODCOCK, DVM
909 N. COURT
MARION IL 62959

ADD'L INFORMATION/REMARKS

8. TELEPHONE NO.

AC (618) 993-2020

9. DATE SAMPLE DRAWN

8/13/17

5. FEDERALLY ACCREDITED VET.

YES NO

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

7. SIGNATURE OF VETERINARIAN

Larry Woodcock DVM

TYPE OR PRINT SIGNATURE NAME

LARRY WOODCOCK

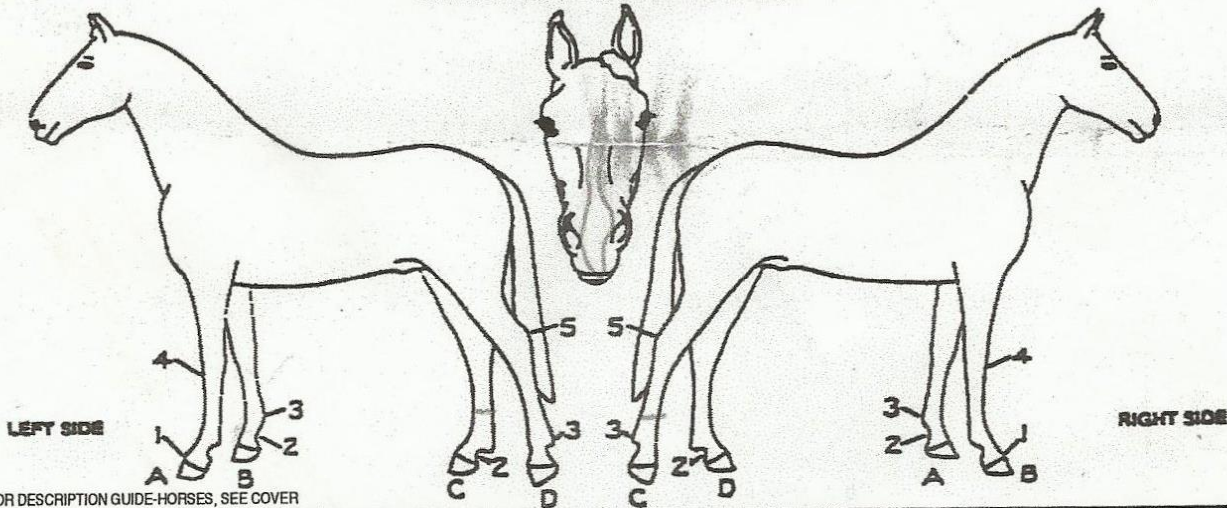
6. STATE IN WHICH LICENSED

ILLINOIS

10. IDENTIFICATION DATA

TUBE NO.	TATTOO/BRAND NO.	REG. NO.	NAME OF HORSE	COLOR	BREED	AGE	SEX
WU 1			MASSY	BLACK	TW	10y	G

MARKINGS MUST BE INDICATED



Falsification of this form, by changing names, dates, description or phrases may result in a fine of up to \$1000. (Illinois Compiled Statutes, Ch. 510, Par. 6 5/1 et seq.)

11. DESCRIPTION AND REMARKS (Left Side)

STAR STRIP SNIP

- A - LEFT OR NEAR FORE LEG
- B - RIGHT OR OFF FORE LEG
- C - RIGHT OR OFF HIND LEG
- D - LEFT OR NEAR HIND LEG

- 1 - Coronet
- 2 - Pastern
- 3 - Fetlock
- 4 - Knee
- 5 - Hock
- M - Mare
- S - Stallion
- G - Gelding
- N - Neuter

12. DESCRIPTION AND REMARKS (Right Side)

C - SOCK

FOR LABORATORY USE ONLY

REMARKS

DVM LABS, INC
10125 S. SHERIDAN RD.
SUITE H

TECHNICIAN

AUG 16 2017

Connie Wright

OFFICIAL STAMP

NEGATIVE

ELISA