



CERTIFICATE OF EQUINE PURCHASE EXAMINATION

Current Owner: Chris Freeman

Address: 13030 County Ln 228 Oronogo, MO 64855

Place of Examination: Animal Clinic of Diamond, LLC

Date of Examination : Wednesday, December 29, 2021

Description of Animal Examined:

Name: Annie Oakley **Breed:** Draft Cross **Sex:** Female

Approximate Age: 8 years **Foaling Date:** N/A **Tattoo:** N/A

Measured Height: Not measured **Approximate Weight:** Not weighed

Color: Red and white **Markings:** Red and white paint markings

This is to certify that I have this day, in accordance with customary standards, made a clinical examination of the animal described. Exam findings are described below:

Cardiovascular and bronchiovesicular sounds: Within normal limits.

Hoof testers: Plastic horse shoes on front hooves prevented complete examination. No reaction noted on hind hooves.

Gait analysis at walk and trot: Within normal limits

Flexion test of carpi and fetlock of forelimbs, and tarsus of hindlimbs: Within normal limits

Oral examination (sedated for teeth float): Within normal limits. Mild sharp points of upper arcade removed.

Signature of Veterinarian

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

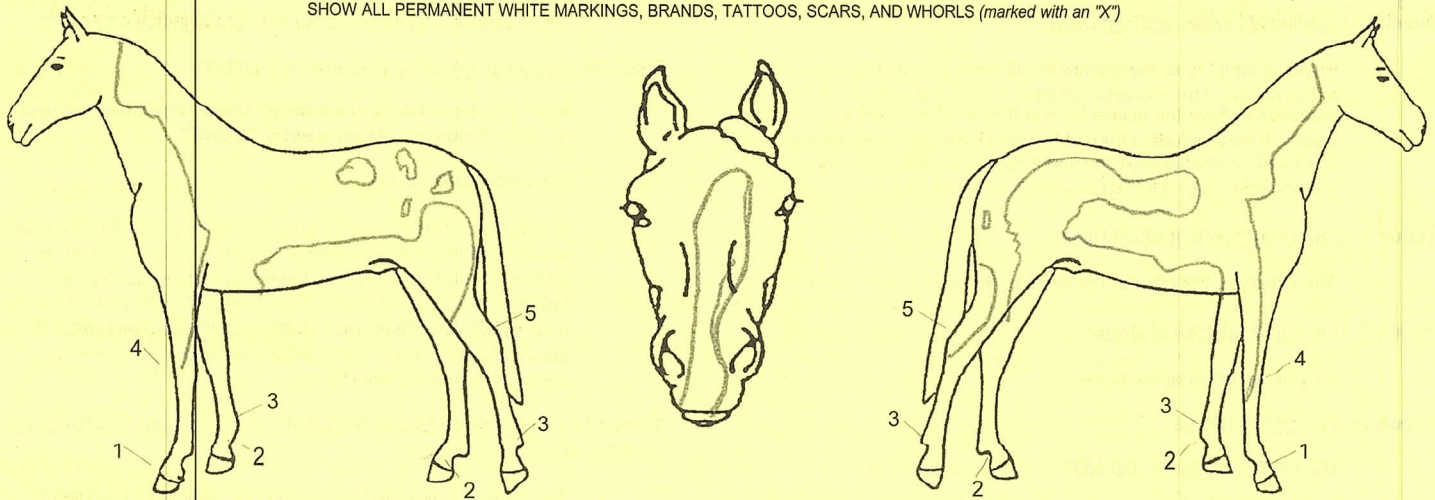
FORM SERIAL NUMBER

AA 1998929

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER (for laboratory use only) 122921-1		2. DATE BLOOD DRAWN 12/29/2021		3. TEST REQUESTED BY VETERINARIAN <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input checked="" type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure					
5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market) 5a. NAME Same			7. NAME AND ADDRESS OF OWNER 7a. NAME Chris Freeman 7b. MAILING ADDRESS 13030 CL 228 7c. CITY, STATE, ZIP CODE Oranmo MO 64855		
5b. PHYSICAL/STREET ADDRESS		5c. CITY, STATE, ZIP CODE		5d. TELEPHONE NUMBER	
5e. TELEPHONE NUMBER		6. COUNTY OF EQUINE AT BLOOD DRAW bssper		7d. TELEPHONE NUMBER 417-627-3143	
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.					
8. ACCREDITED VETERINARIAN					
8a. VETERINARIAN NAME Carley Brooks		8b. NATIONAL ACCREDITATION NUMBER 092054		8c. VETERINARIAN SIGNATURE Carley Brooks DM	
8d. SIGNATURE DATE 12/29/2021		8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 20160 Hwy J		8f. CITY, STATE, ZIP CODE Diamond MO 64840	
8g. TELEPHONE NUMBER 417 325 4136		9. Tube Number 1		10. Tag/Tattoo/Brand Number	
11. Name of Animal Annie Oakley		12. Color Brn/wh		13. Breed (or species if not a horse) Draft cross	
14. Age or DOB 8y		15. Sex F		M - Male Intact F - Female Intact G - Gelding FS - Female Spayed	
16. MICROCHIP, BREED, OR REGISTRATION NUMBER					

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



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

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD Blaze		18. NECK AND BODY (include coat color patterns, if any) None	
19. LEFT FORELIMB None		20. RIGHT FORELIMB None	
21. LEFT HINDLIMB None		22. RIGHT HINDLIMB None	

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME ANIMAL CLINIC OF DIAMOND 20160 HWY J DIAMOND MO 64840		24. DATE SAMPLE RECEIVED 12/29/2021		25. DATE RESULTS REPORTED 12/29/2021		26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive		27. TEST TYPE USED <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
28. LABORATORY REMARKS Centaur		29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN [Signature]							
23a. CITY		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>							
23b. STATE									

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 (18 U.S.C. SECTION 1001).