See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044224	ACL. 12350	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A — Zip Code — Tel No. — County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM — Zip Code — Tel No. — County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM — Zip Code 87120
Tel No. (505)610-4711 — County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDER[redacted] VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

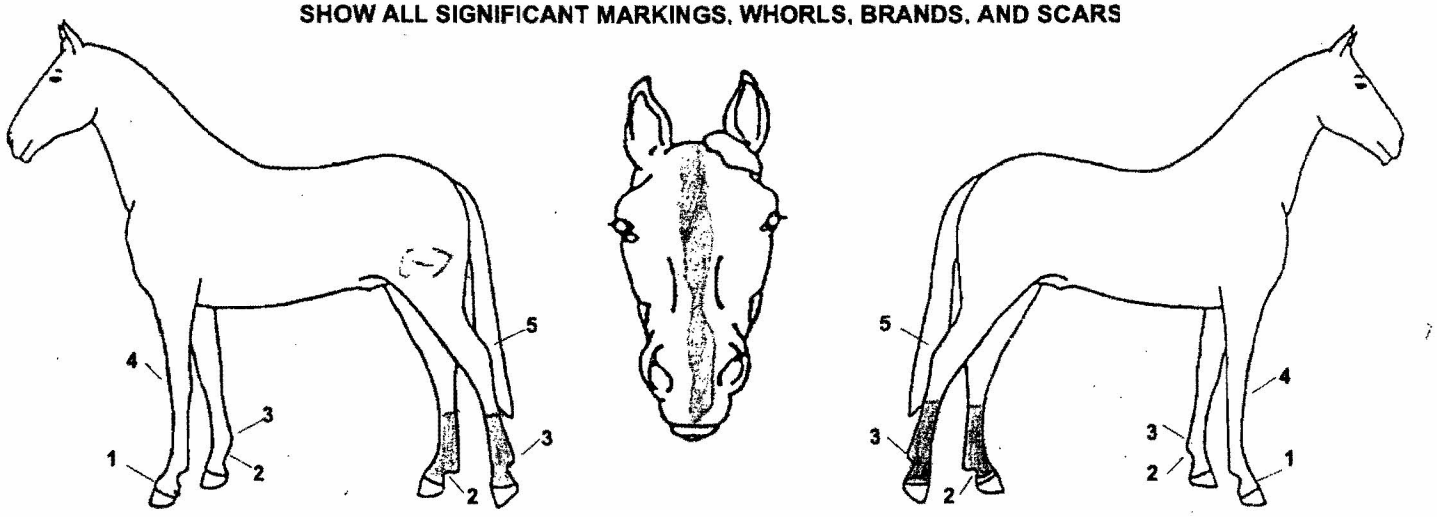
I cert[redacted]xamined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		981020005066103 981 STERILITY EXP 2013-07 2	Sorrel	QH		2	M

24. Sex: M - Male, F - Female, G - Gelding, N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
Stripe	CT L/H
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**
Sock	Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATUR[redacted] (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044223	ACL. 12351	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASHER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code 87120
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FE[redacted](b)(6)ED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASHER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I [redacted] examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OW[redacted]GENT

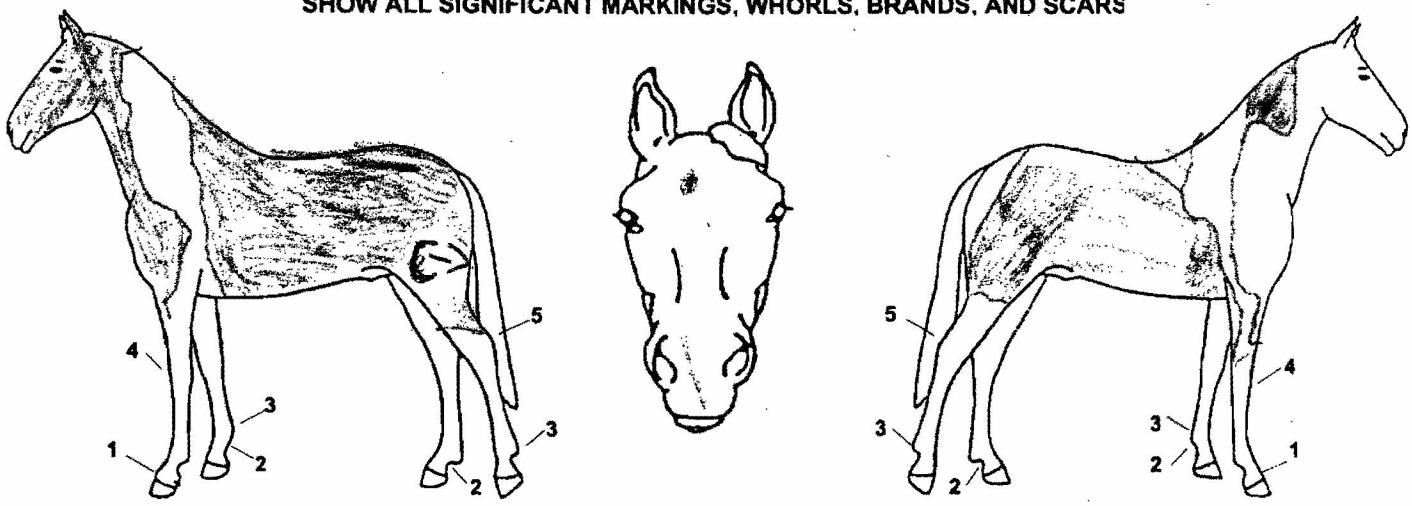
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005041898 981 STERILITY EXP 2013-07 2	Bay w/ white	Paint		2	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: PAINT

26. OTHER MARKS AND BRANDS: C7 L/H

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: ALBUQUERQUE COGGINS LAB, ALBUQUERQUE, NM

32. DATE RECEIVED: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE OF TECHNICIAN [redacted](b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsi[redacted] 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044221	ACC. 12352	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A — Zip Code — Tel No. — County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM — Zip Code — Tel No. — County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM — Zip Code 87120
Tel No. (505) 610-4711 — County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF [redacted] VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
	C.Y. BRASMER DVM	9/15/10

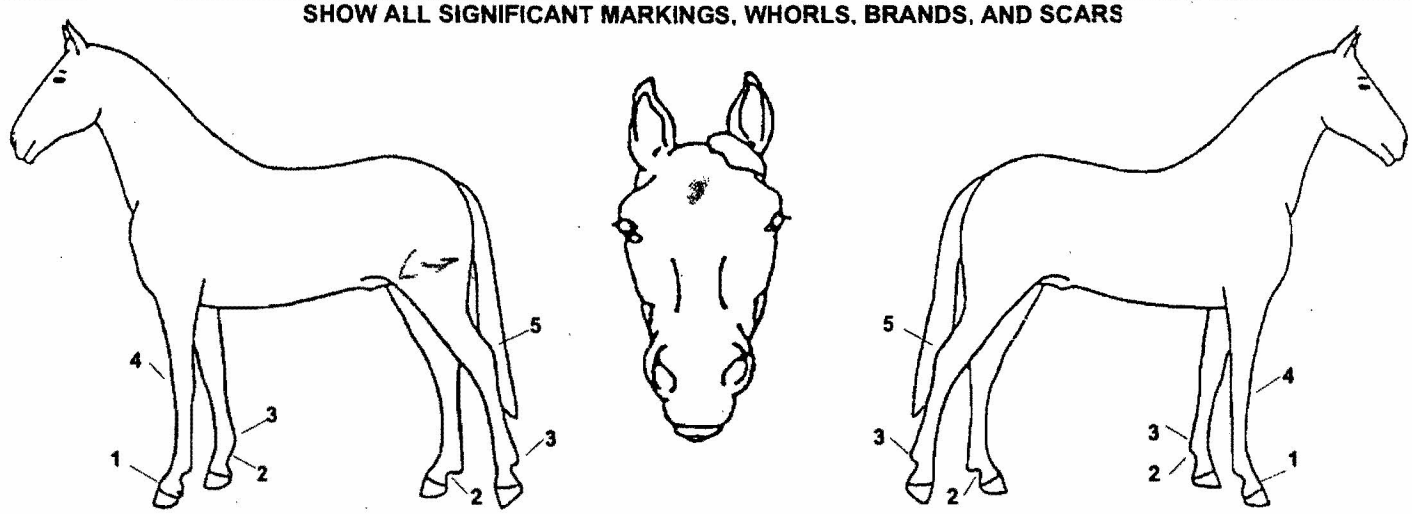
CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male, E - Female, G - Gelding, N - Neuter
			981020005074536 981 STERILITY EXP 2013-07 2	Red Roan	App		1	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE [redacted]		35. REMARKS

Falsification of this form or knowingly using a falsifi[redacted]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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044222	12353	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

6. TEST TYPE ☐ ELISA ☐ AGID

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

Zip Code

Tel No. County

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

Zip Code

Tel No. County

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

Zip Code

Tel No. County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)		9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

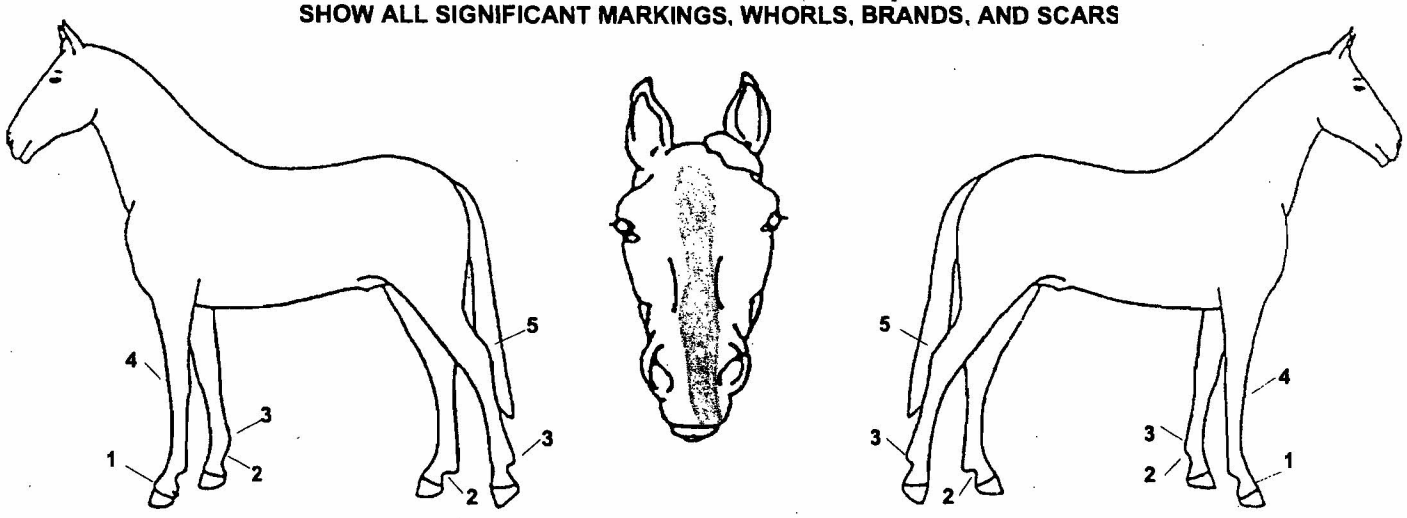
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

981020005069047 981 STERILITY EXP 2013-07 2

16. Tube No.	Official Tag	18. Tatt...	...ame of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
				Sorrel	QH		2	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STRip	
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
	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE (b)(6) N		35. REMARKS

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

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044220	ACL. 12354	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type): N/A

Zip Code

Tel No. County

8. NAME AND ADDRESS OF OWNER (Please print or type)
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM
Zip Code 87120
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted]TED VETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER [redacted] AGENT

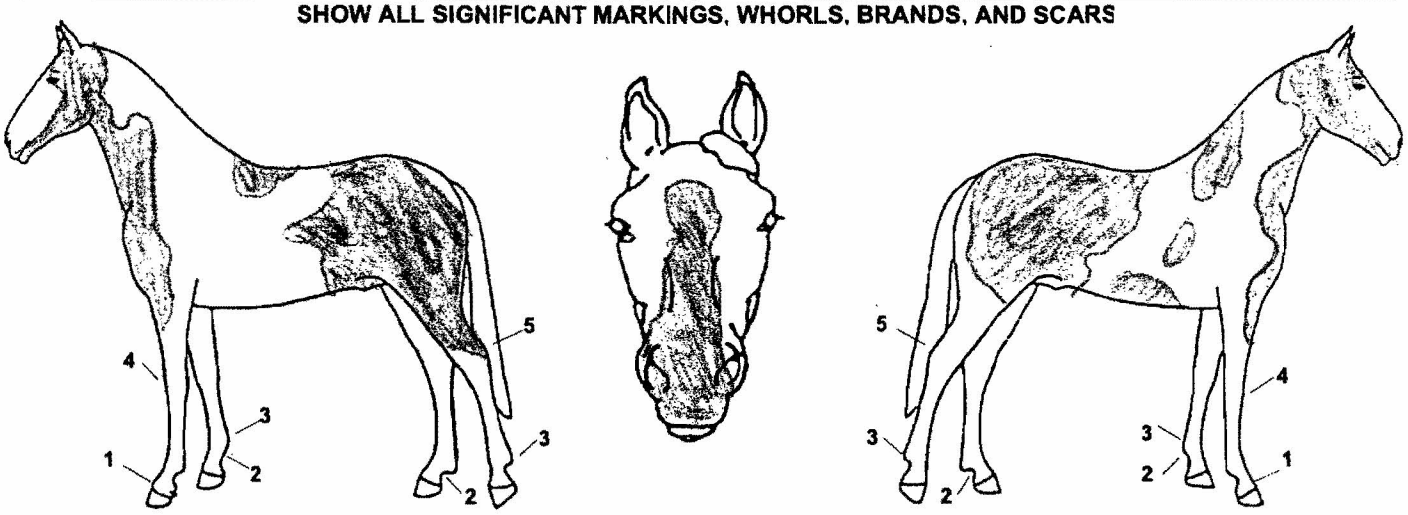
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005063833 981 STERILITY EXP 2013-07 2	Gray White	Paint		2	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB: PAINT

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: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE OF TECHNICIAN (b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsifi[redacted]riminal offense and may result in a fine of not more than $10,000 or imprisonment for not[redacted] years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044219	ACL 12355	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code 87120
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

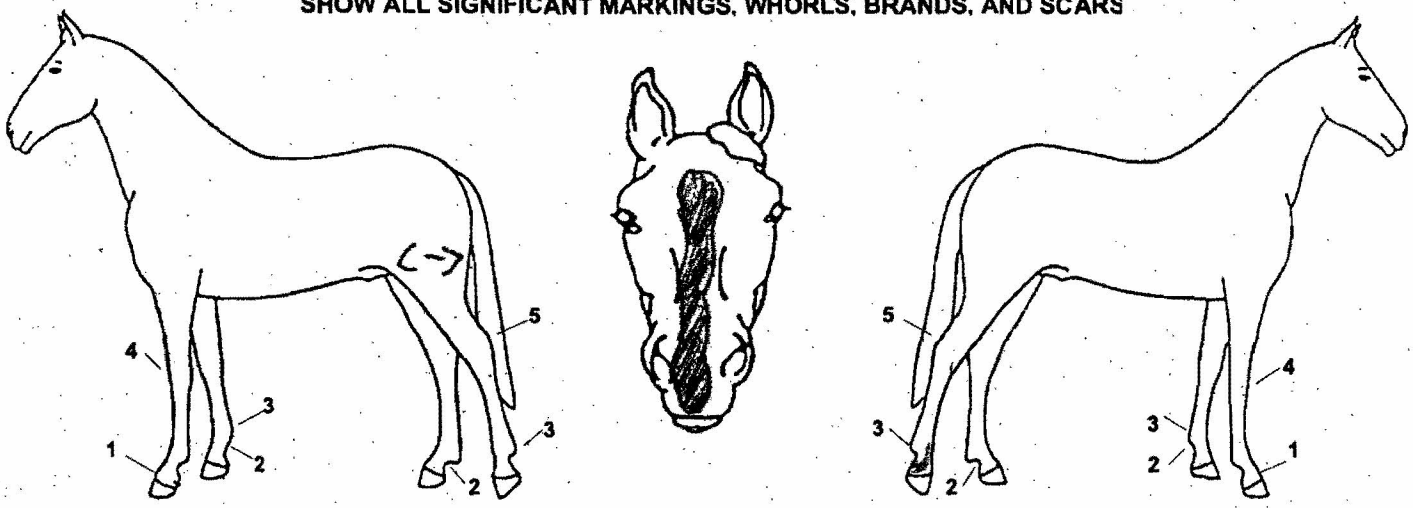
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005066569 981 STERILITY EXP 2013-07 2	Sorrel	QH		1	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
Strip	C7 LIH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
	Pont Coronet

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUEKQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified f[illegible] inal offense and may result in a fine of not more than $10,000 or imprisonment for not mo[illegible] ars or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003) **PART 3 - OWNER**

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044150	ACL. 12356	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN: (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

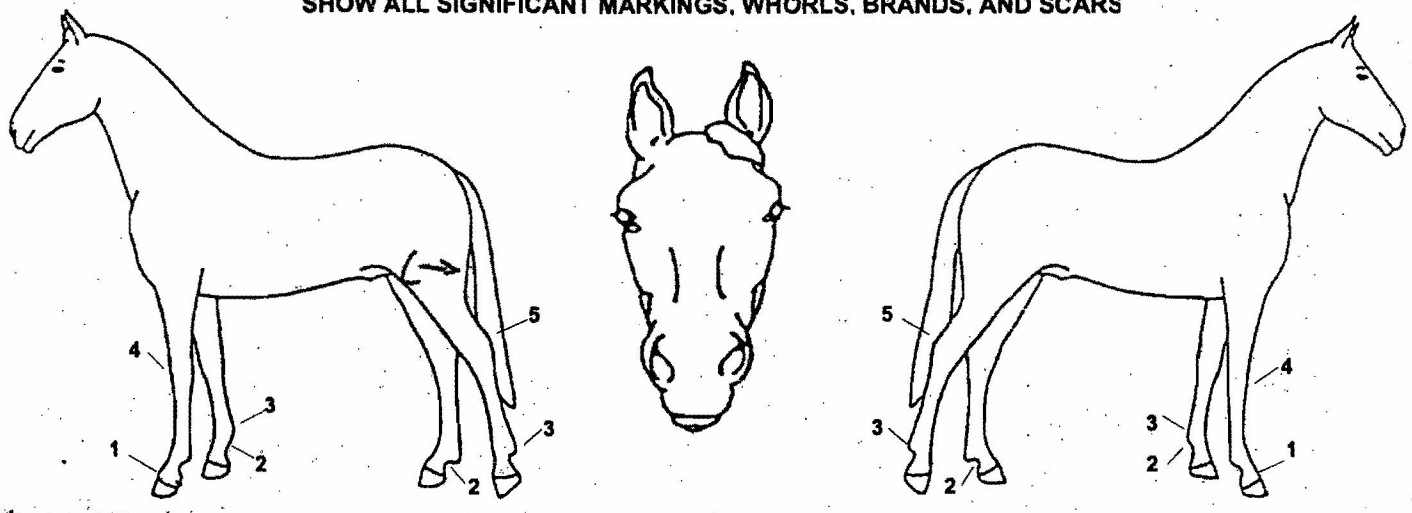
13. SIGNATURE OF OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
			981020005045873 981 STERILITY EXP 2013-07 2	Bay	QH		1	M

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS: C7LIH

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: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE OF TECHNICIAN: (b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified [illegible] 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044149	ACL. 12357	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
(505) 610-4711 BERNALILLO
Tel No. County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted] VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

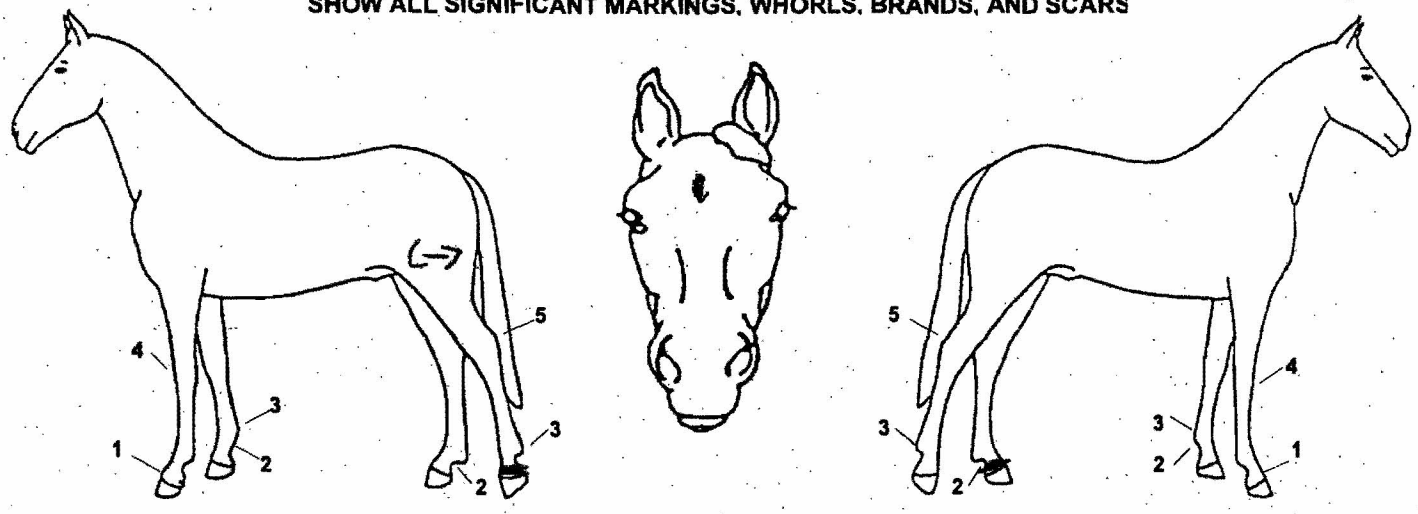
I certify [redacted] examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005051269 981 STERILITY EXP 2013-07 2	Bay	QH		1	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STAR	C/LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
Coronet	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATUR[redacted] (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsifi[redacted]riminal 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044148	ACL. 12358	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A — Zip Code — Tel No. — County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)810-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FE[redacted]TED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I [redacted] examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

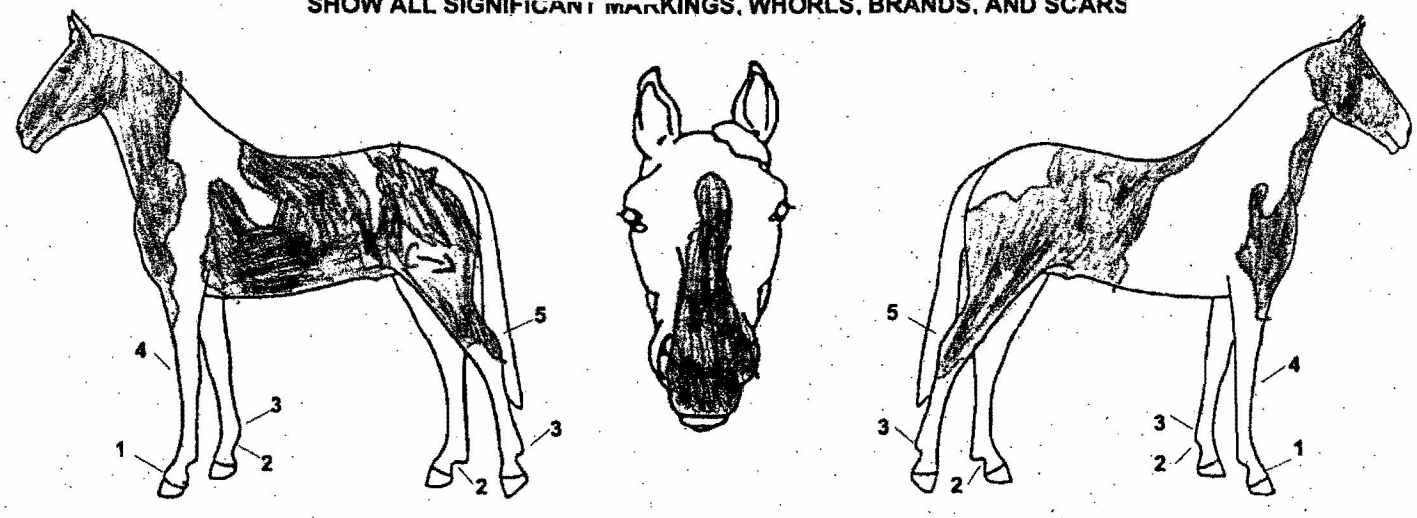
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005040889 981 STERILITY EXP 2013-07 2	Gel white	Paint		1	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
POINT	ELIN Scar on left shoulder
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATU[redacted]CIAN		35. REMARKS

Falsification of this form or knowingly using a falsi[redacted]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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044147	ACL. 12359	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

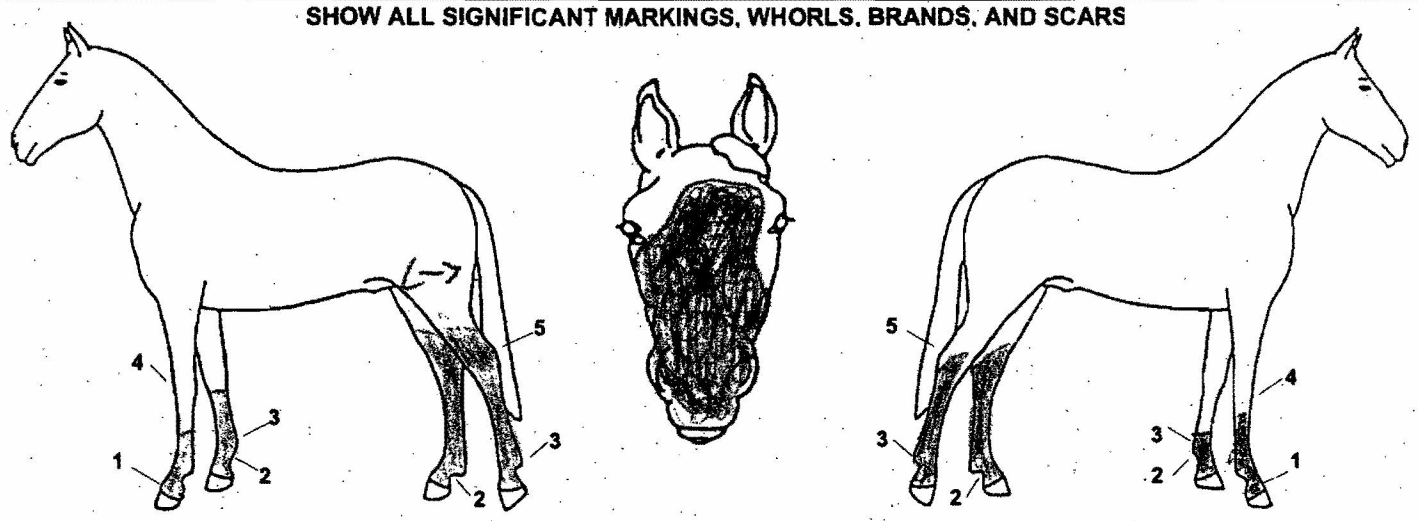
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005053511 981 STERILITY EXP 2013-07 2	gray Roan	Paint Roan		1	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
	C 7 L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE O (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified [illegible] 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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044146	ACL. 12360	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)616-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

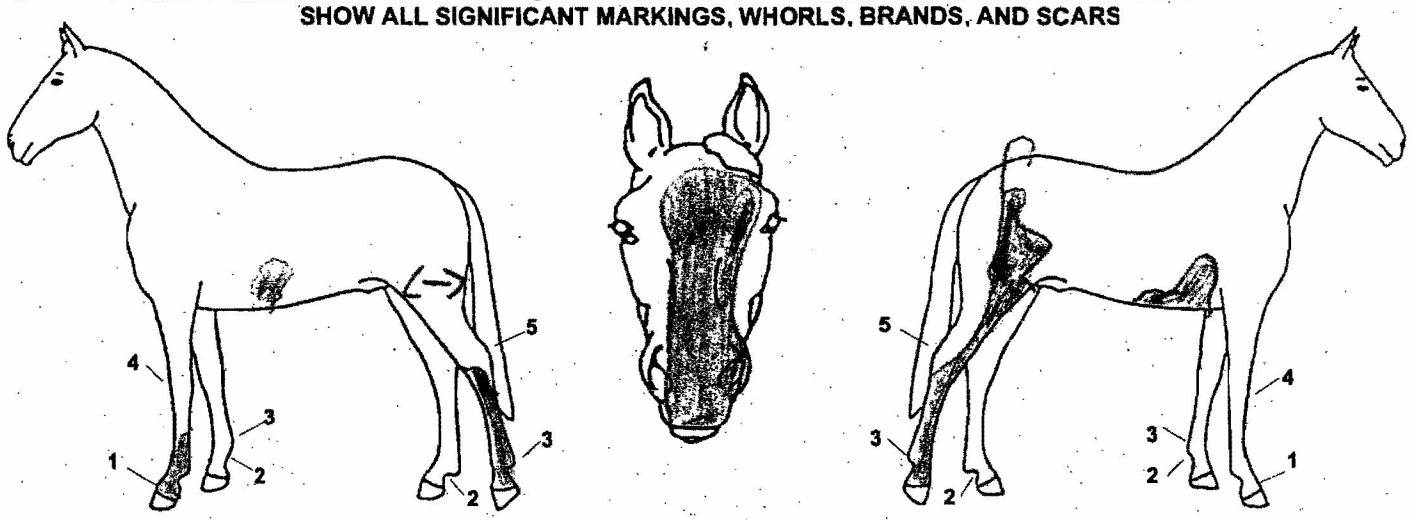
I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005066389 981 STERILITY EXP 2013-07 2	Brown White	Paint		1	M

24. Sex: M - Male, F - Female, G - Gelding, N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified [illegible] 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044145	ACL. 12361	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERA (b)(6) VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certi (b)(6) amined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

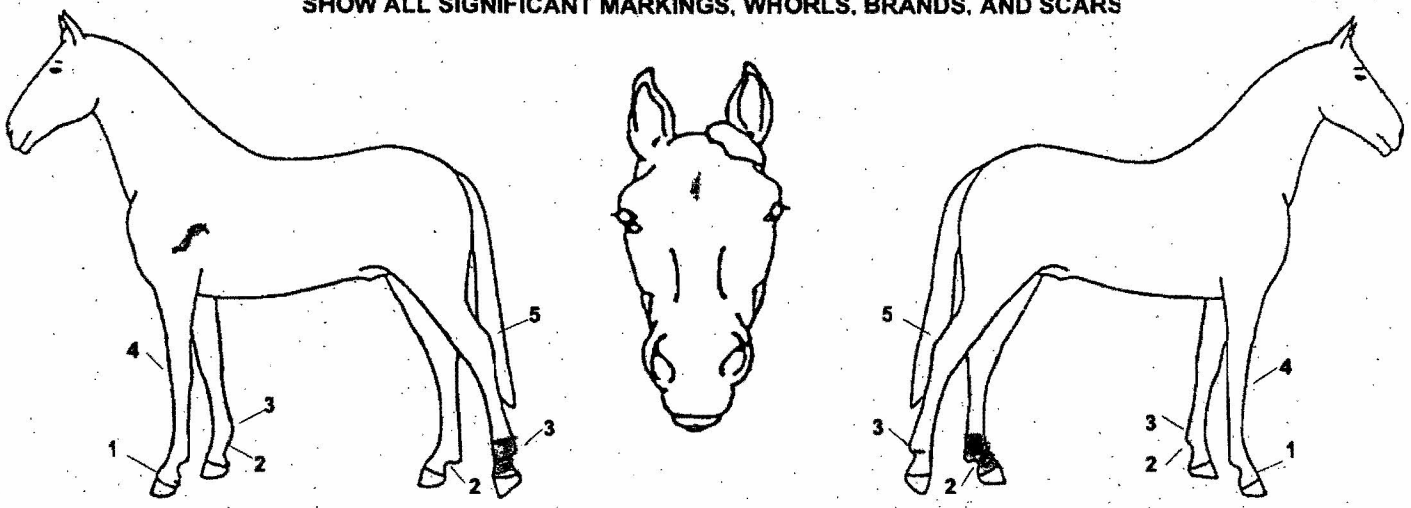
15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			Blue Roan	QH		1	M

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

981020005045725 981 STERILITY EXP 2013-07 2

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: STAR

26. OTHER MARKS AND BRANDS: Scar on left shoulder

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB: Sock

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM

32. DATE RECEIVED: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE (b)(6) N

35. REMARKS

Falsification of this form or knowingly using a falsifie 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044144	ACL. 12362	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

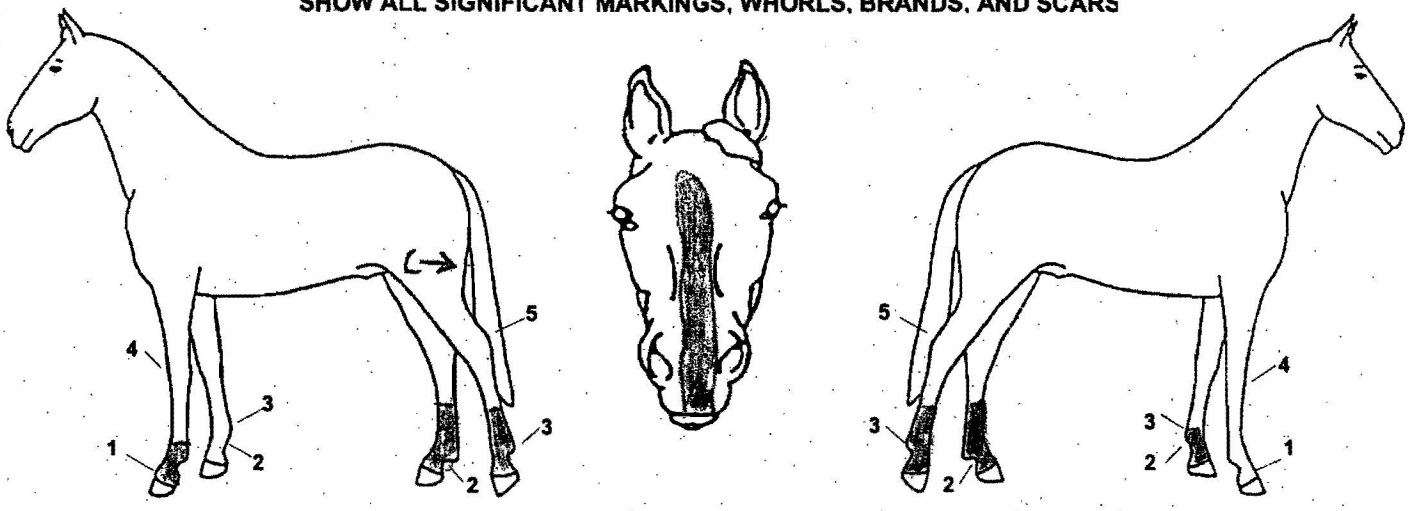
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005075955 981 STERILITY EXP 2013-07 2	Sattel	QH		1	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STRIP	C-7 L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
SOCK	
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
SOCK	SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044143	ACL. 13643	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
~~N/A~~
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERA (b)(6) DITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

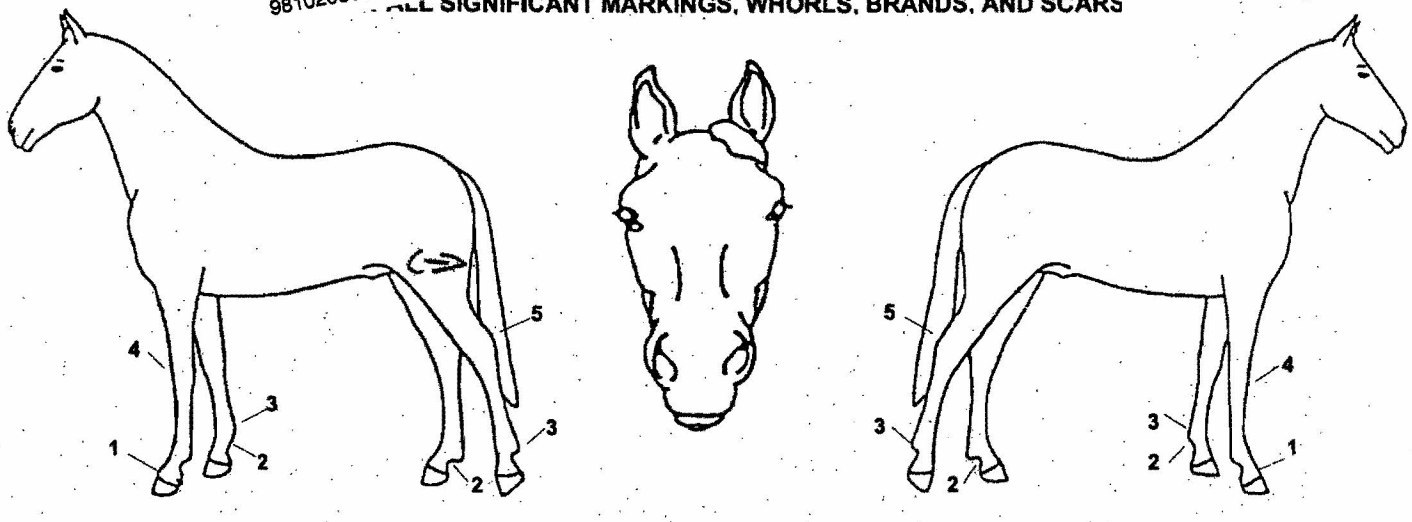
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of...	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
			981020005052438 981 STERILITY EXP 2013-07 2	Black	QH		3	M

ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS: C LIH

27. LEFT FORELIMB: ~~O~~

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB: ~~O~~

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM

32. DATE RECEIVED: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE OF TECHNICIAN (b)(6)

35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044142	ACL 13644	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERA[redacted]ITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

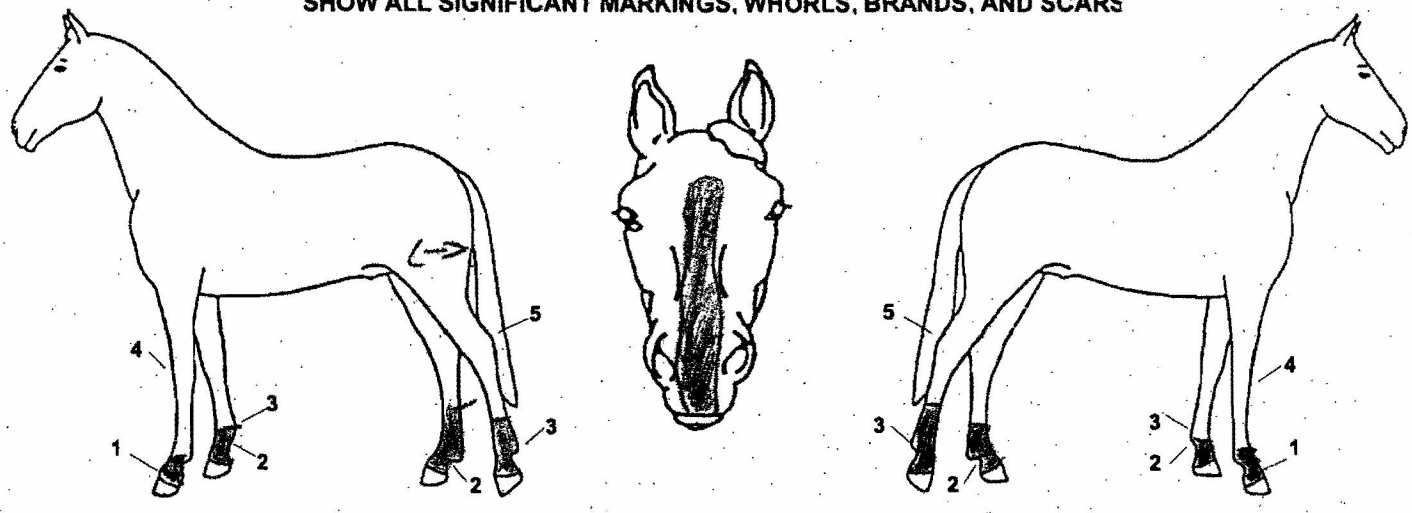
I certif[redacted]e examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		981020005050068 981 STERILITY EXP 2013-07 2	Sorrel	QH		1	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
Stripe	C→ LIH
27. LEFT FORELIMB	28. RIGHT FORELIMB
Sock	Sock
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
Sock	Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE [redacted] AN		35. REMARKS

Falsification of this form or knowingly using a falsifie[redacted] 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044141	ACL.13645	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

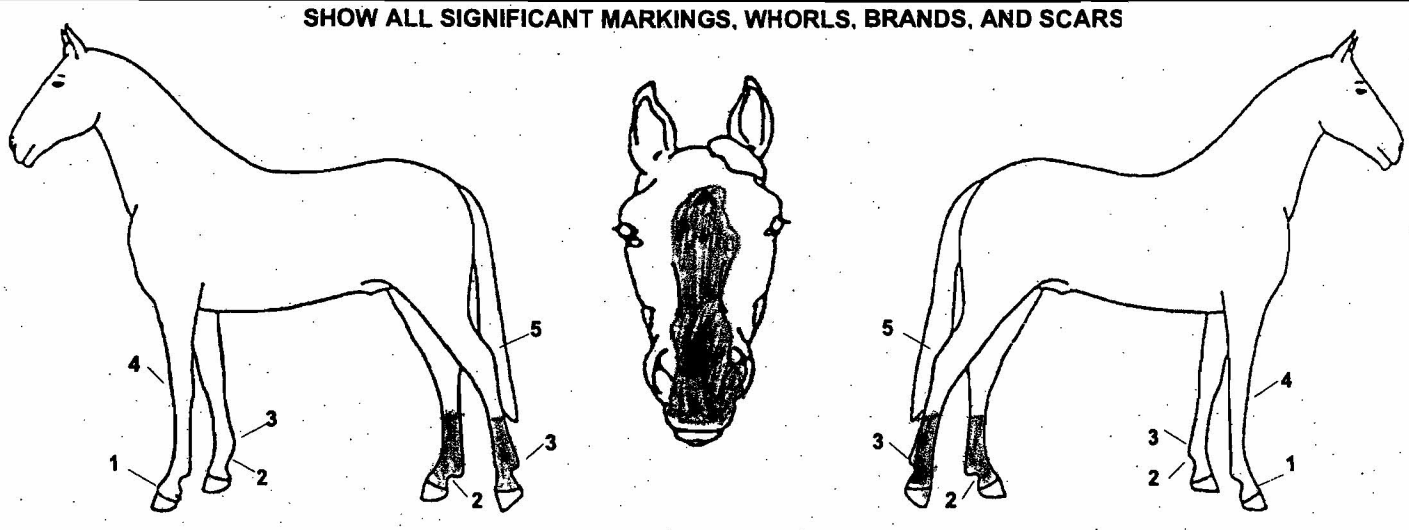
I certify that I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		981020005064939 981 STERILITY EXP 2013-07 2	Brown	QH		1	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE O (b)(6) AN		35. REMARKS

Falsification of this form or knowingly using a falsified [illegible] 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO. Q 1044140

1. ACCESSION NUMBER ACL. 13646

2. DATE BLOOD DRAWN 9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FE[redacted]REDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM

12. SIGNATURE DATE 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I c[redacted] 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

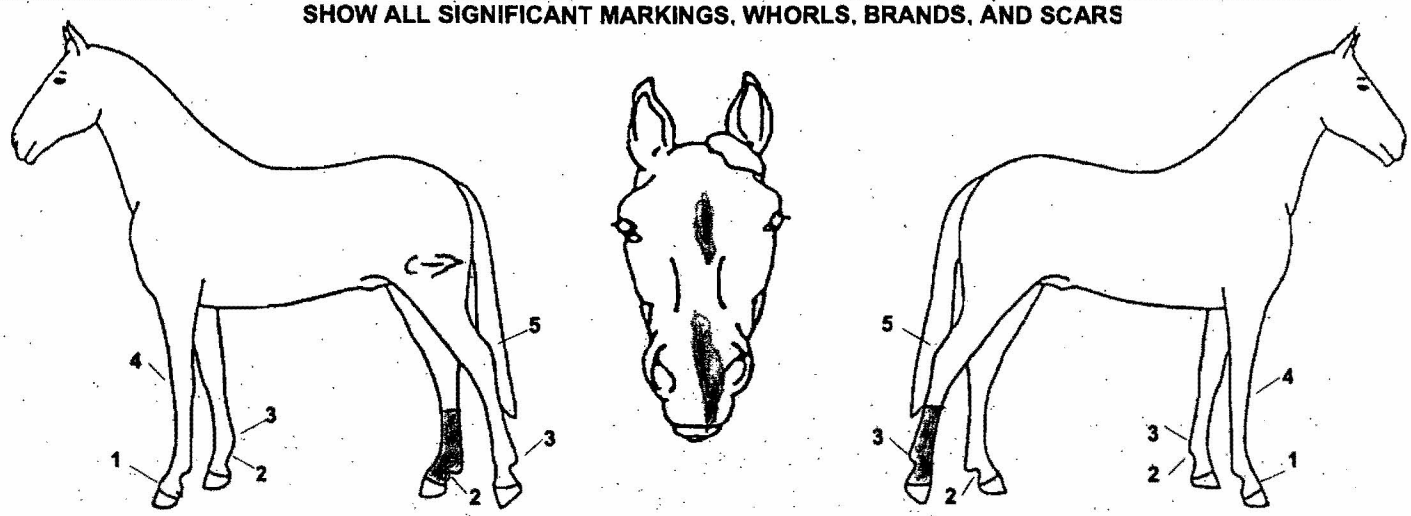
15. SIGNATURE DATE

981020005073956 981 STERILITY EXP 2013-07 2

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
				Black	QH		1	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR, SNIP

26. OTHER MARKS AND BRANDS C → L/H

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
ALBUQUERQUE COGGINS LAB
ALBUQUERQUE, NM

32. DATE RECEIVED 9/15/10

33. DATE REPORTED OUT 9/15/10

34. TEST RESULTS ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE [redacted]AN

35. REMARKS

Falsification of this form or knowingly using a falsifie[redacted] 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)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044139	ACL 13647	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type): N/A

Zip Code

Tel No. | County

8. NAME AND ADDRESS OF OWNER (Please print or type)
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. | County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM
Zip Code 87120
Tel No. (505)610-4711
County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FED[redacted]ITED VETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I c[redacted]e examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

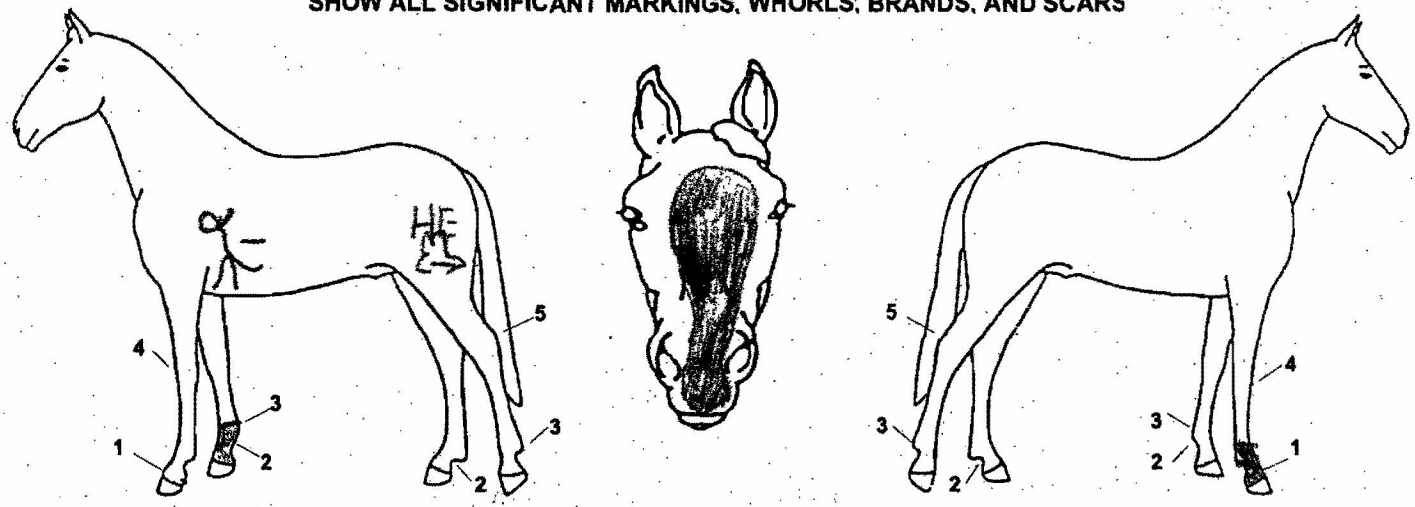
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005074228 981 STERILITY EXP 2013-07 2	Sorrel	QH		5	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: BLAZE

26. OTHER MARKS AND BRANDS: HE L/S M L/H

27. LEFT FORELIMB

28. RIGHT FORELIMB: Sock

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM

32. DATE RECEIVED: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE [redacted]N (b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsifie[redacted]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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044138	ACL. 13648	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type): N/A

Zip Code

Tel No. County

8. NAME AND ADDRESS OF OWNER (Please print or type)
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FED[redacted]D VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I c[redacted]examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

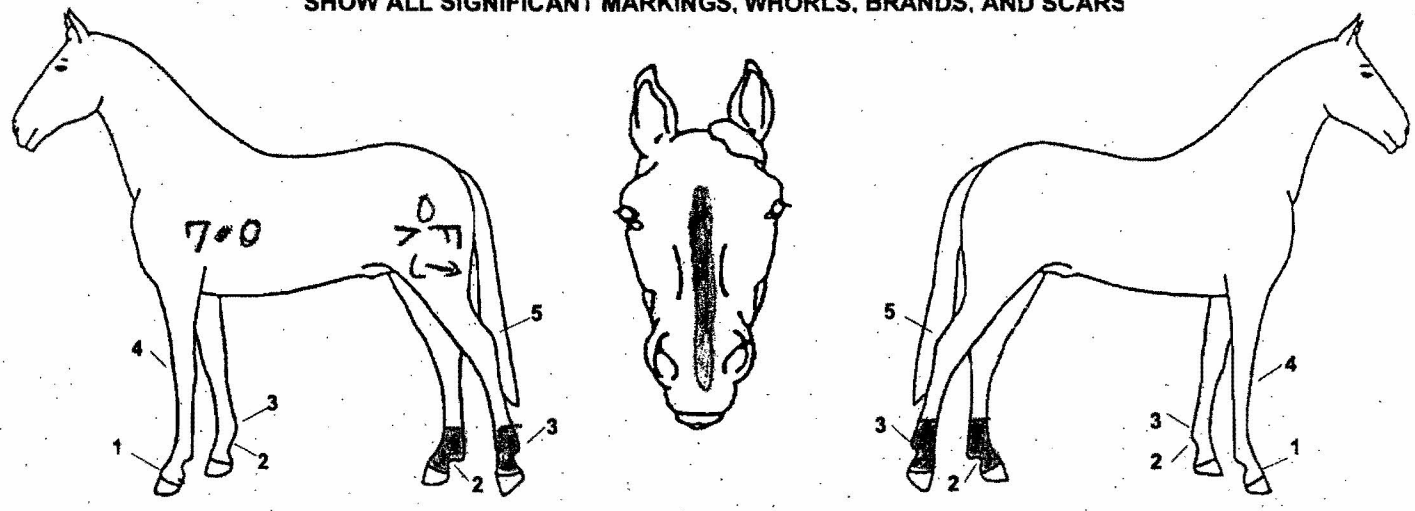
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			981020005055263 981 STERILITY EXP 2013-07 2	Pub mino	QH		2	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: Strip

26. OTHER MARKS AND BRANDS: 7•0 L/S >0 π C>1 L/H

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB: Sock

30. RIGHT HINDLIMB: Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM

32. DATE RECEIVED: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE [redacted]N

35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044137	ACL. 13649	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERA[redacted]D VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

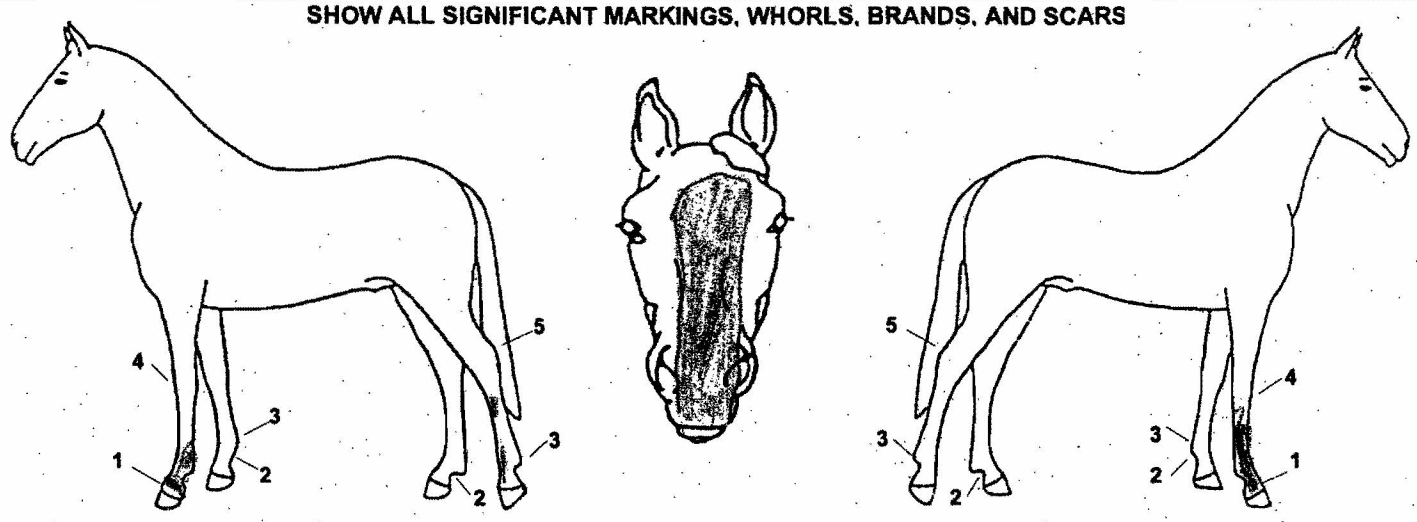
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		981020005041745 981 STERILITY EXP 2013-07 2	Black White	Paint		2	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB: PAINT

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: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE [redacted]

35. REMARKS

Falsification of this form or knowingly using a falsifie[redacted]riminal 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)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044136	ACL. 13650	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A — Zip Code — Tel No. — County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/w. LIVESTOCK AUCTION
LOS LUNAS, NM — Zip Code
Tel No. — County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM — Zip Code 87120
Tel No. (505)610-4711 — County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FED[redacted]TED VETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I c[redacted]e examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

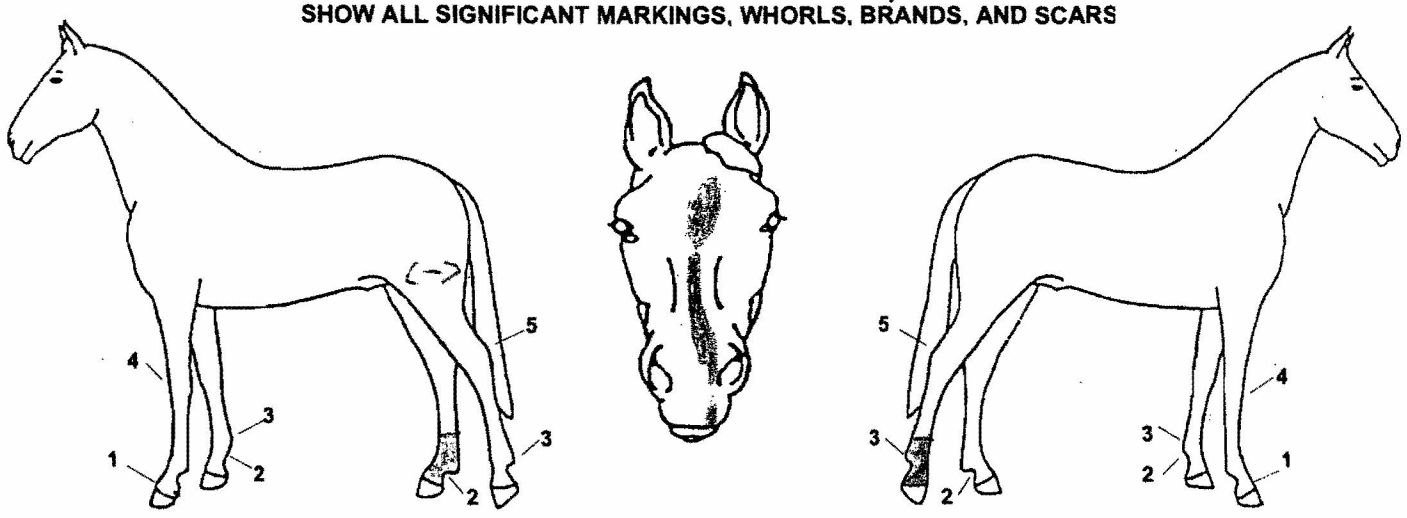
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005038963 981 STERILITY EXP 2013-07 2	Bay	QH		2	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: STOR, Snip, STRIP

26. OTHER MARKS AND BRANDS: C↗ L/H

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB: Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: ALBUQUERQUE COGGINS LAB, ALBUQUERQUE, NM

32. DATE RECEIVED: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE [redacted] (b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified [redacted] 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044135	ACL 13651	9/15/16

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

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: ~~N/A~~ Zip Code; Tel No.; County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted] VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/16

CERTIFICATION OF OWNER OR OWNER'S AGENT

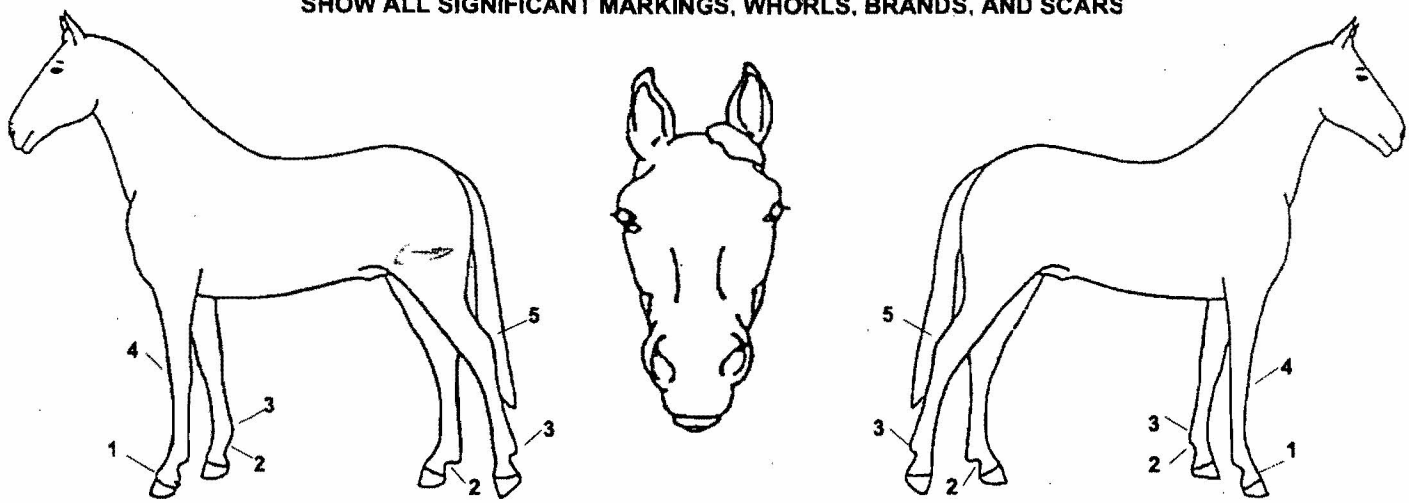
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005049658 981 STERILITY EXP 2013-07 2	Bay	QH		1	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS: C-1 L/H
27. LEFT FORELIMB: C	28. RIGHT FORELIMB: C
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/16	9/15/16	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044134	ACL. 13652	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
C/O S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

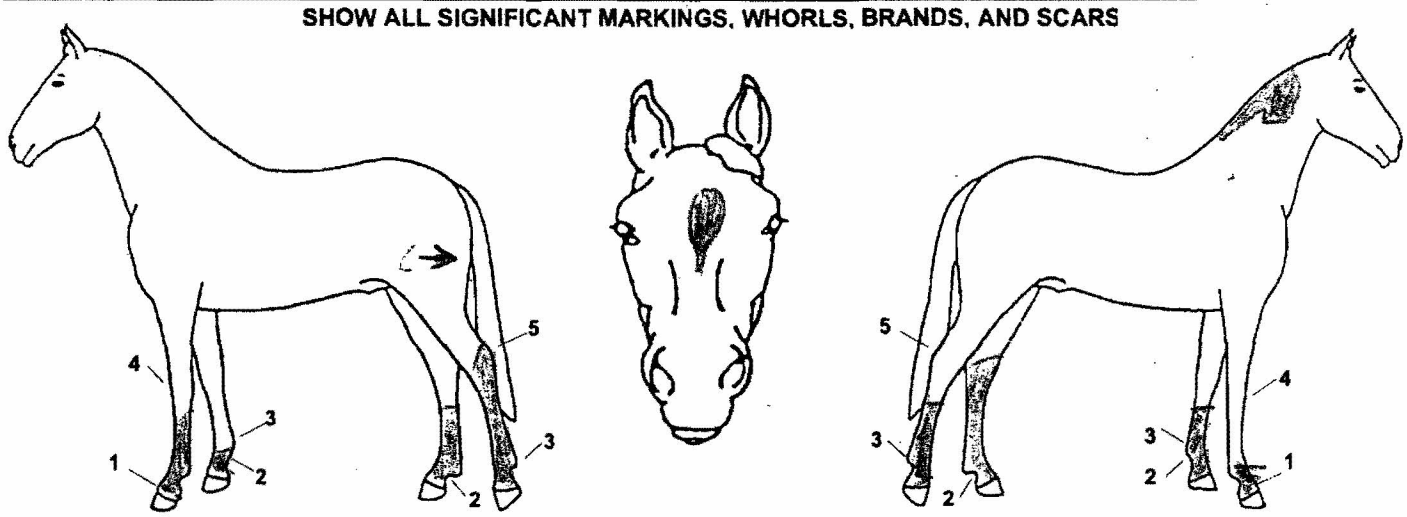
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		981020005072147 981 STERILITY EXP 2013-07 2	Black White Paint			2	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
	C7 L/H
27. LEFT FORELIMB: Point	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044133	ACL. 13653	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

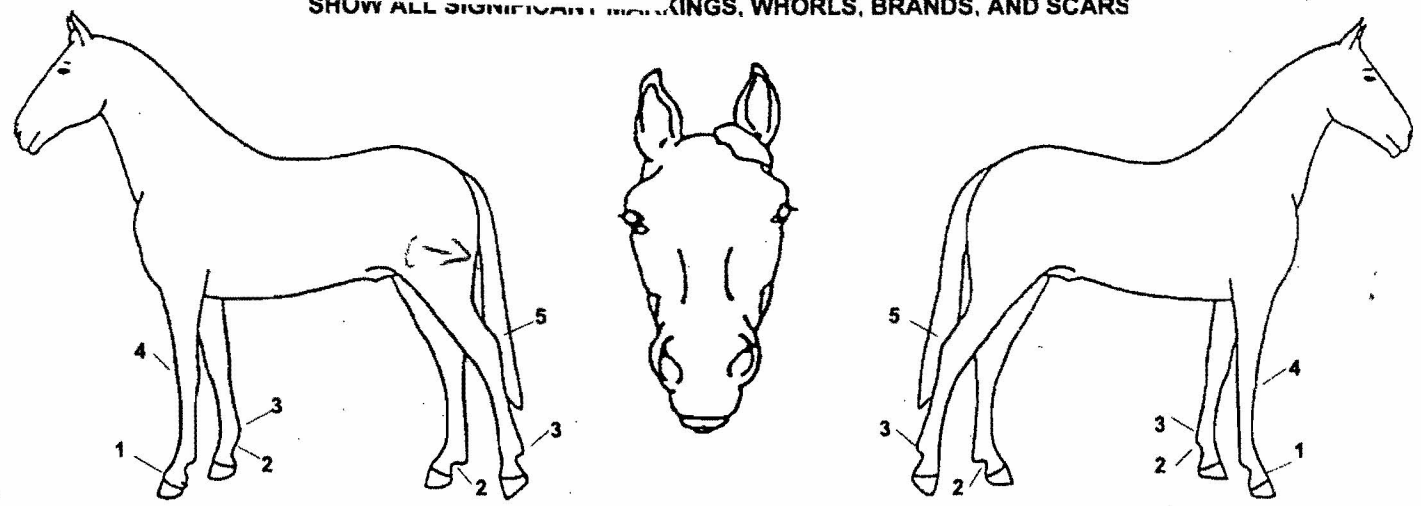
I certify that I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005048697 981 STERILITY EXP 2013-07 2	Bay	QH		1	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
	C↗ L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
Ø	Ø
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044132	ACL 13654	9/15/16

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

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/16

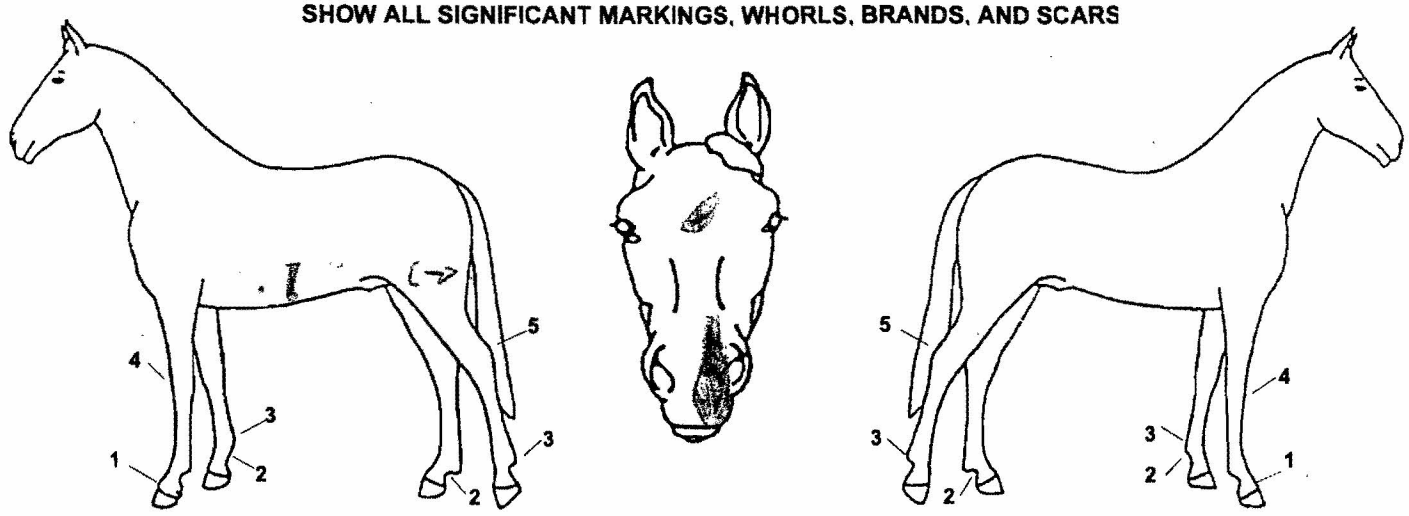
CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
			981020005045211 981 STERILITY EXP 2013-07 2	Bay & Pt	Paint		3	M

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/16	9/15/16	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE (b)(6)		35. REMARKS

Falsification of this form or knowingly using a false [illegible] 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)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044131	ACC. 13655	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A

Zip Code

Tel No. | County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. | County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
(505)610-4711 BERNALILLO
Tel No. | County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted]TED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

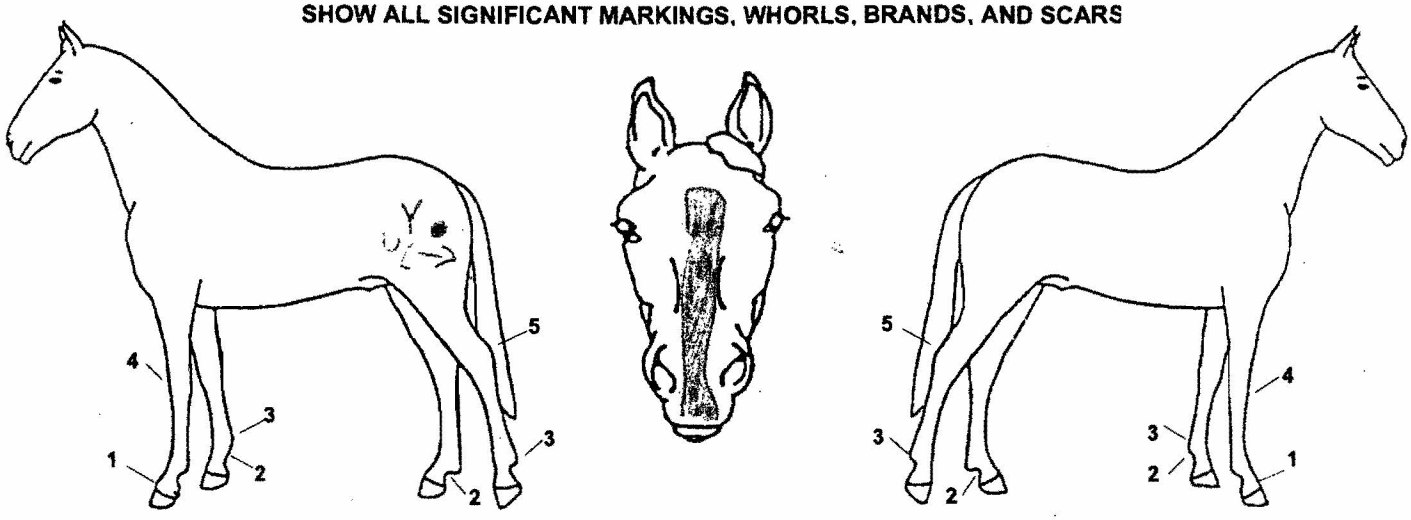
I certify [redacted]e examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			BAY	QH	981020005053434 981 STERILITY EXP 2013-07 2	1	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STRIP	Y U ● CALIH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATUR[redacted]N (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsifi[redacted] 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)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044130	ACL. 13656	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

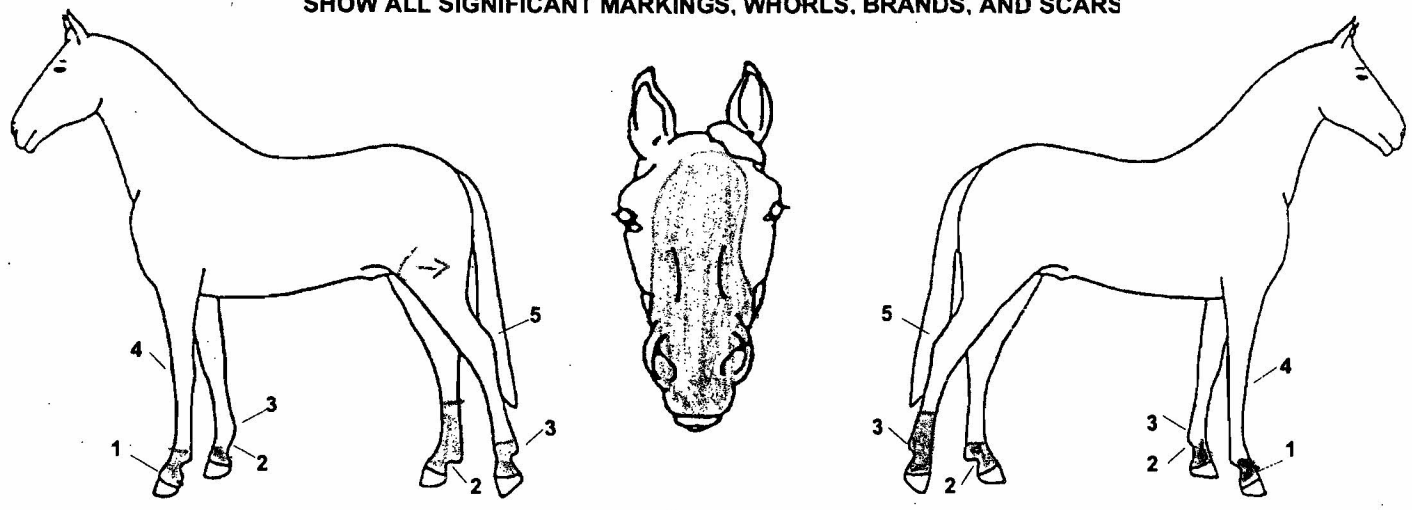
CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
(b)(6)		

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005073252 981 STERILITY EXP 2013-07 2	Bay	QH		2	M - Male, F - Female, G - Gelding, N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
BALDFACE	C7 LIH
27. LEFT FORELIMB: SOCK	28. RIGHT FORELIMB: SOCK
29. LEFT HINDLIMB: SOCK	30. RIGHT HINDLIMB: SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE (b)(6) AN		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044129	ACL. 13657	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☑ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

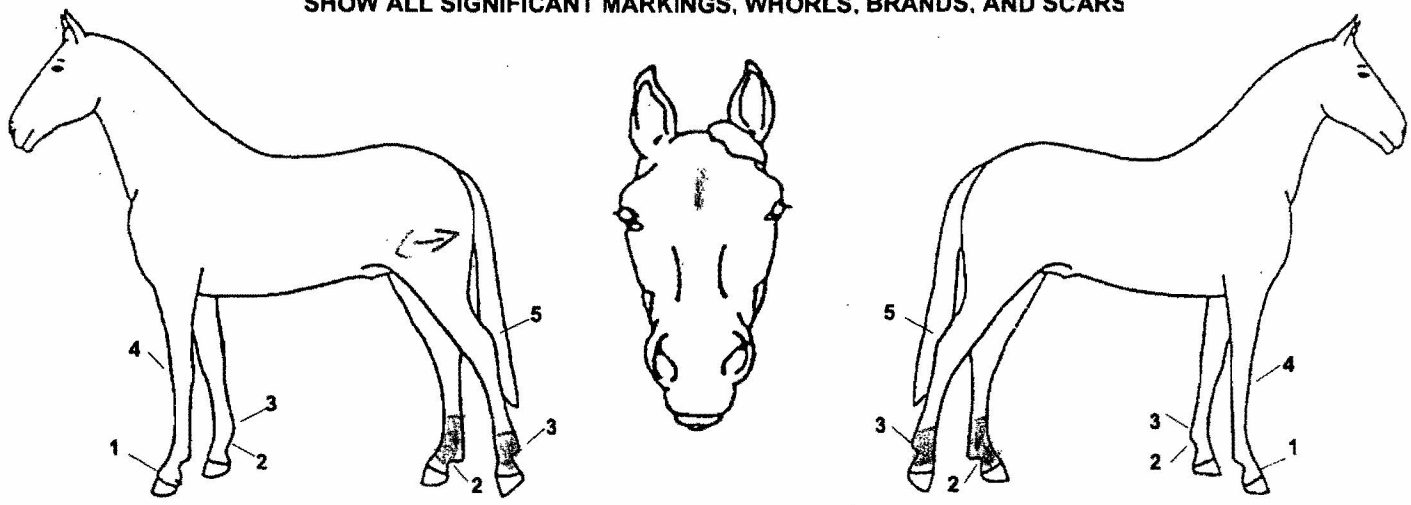
I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER/AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005069236 981 STERILITY EXP 2013-07 2	Bay	QH		2	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STAR	C→ LIH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
Sock	Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☑ ELISA
	36. SIGNATURE (b)(6)		35. REMARKS

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

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044128	ACL/13658	9/13/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

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

Zip Code

Tel No. County

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

Zip Code

Tel No. County

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

C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM.

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

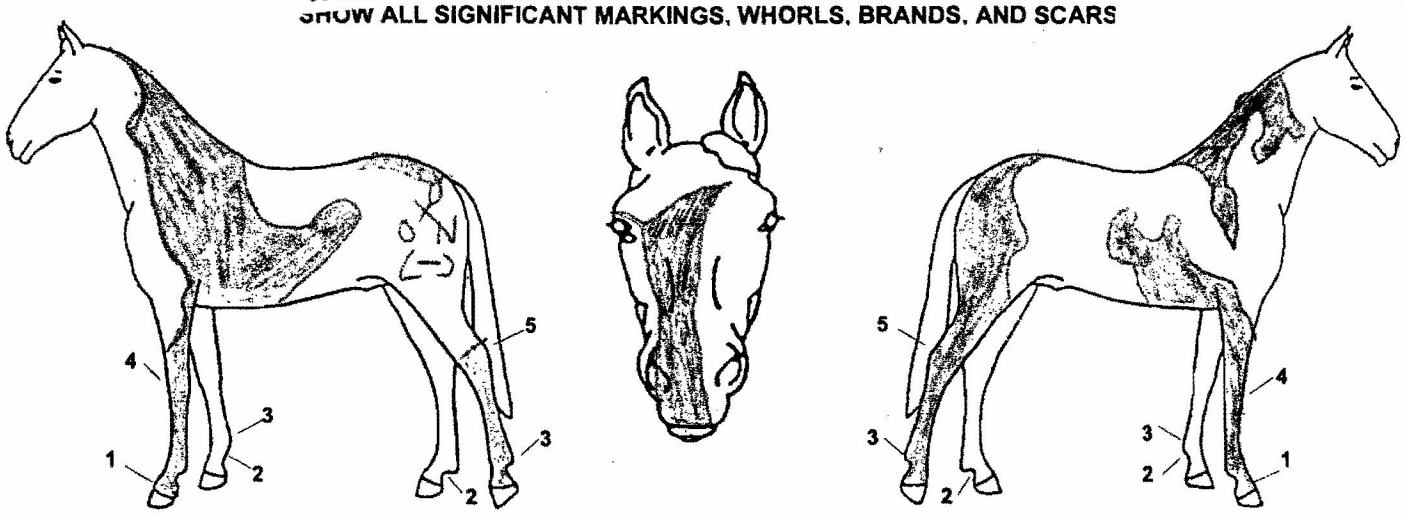
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of U...	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005058984 981 STERILITY EXP 2013-07 2	Brown White	Paint		1	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

X ON LH

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE (b)(6) 35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044127	ACL. 13659	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A

Zip Code

Tel No. | County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. | County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASHER DVM
3900 JONES PLACE NW
ALBUQUERQUE, NM 87120
(505)810-4711
Zip Code
Tel No. | County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FE[redacted]REDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASHER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

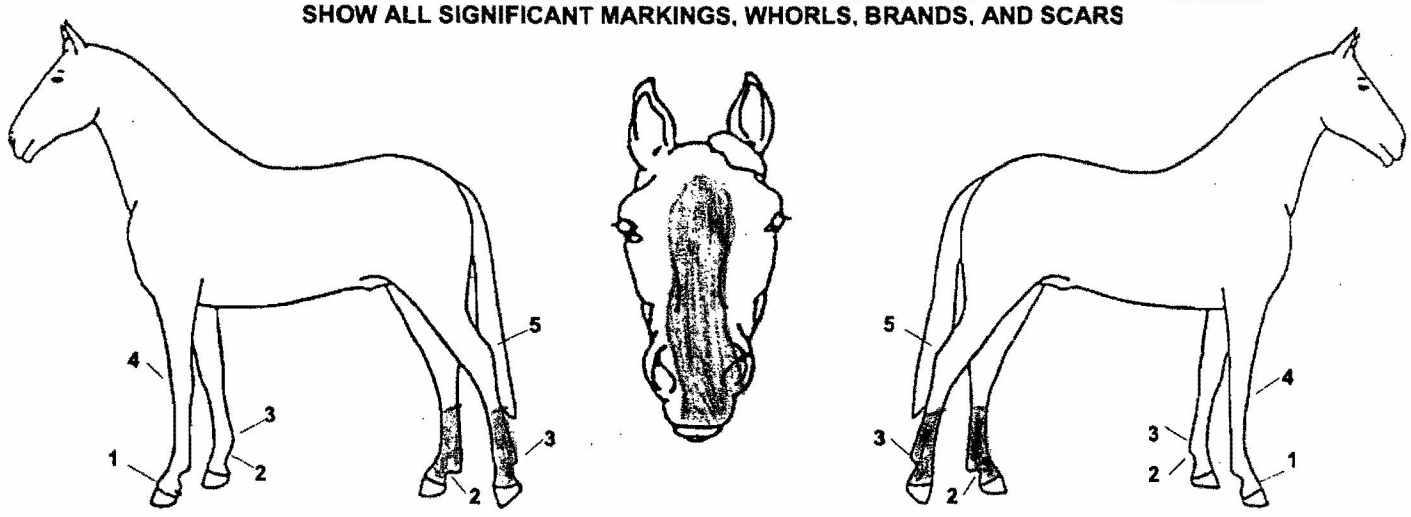
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
		981020005075423 981 STERILITY EXP 2013-07 2	Sorrel	QH		1	M

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: BLAZE

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB: SOCK

30. RIGHT HINDLIMB: SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM

32. DATE RECEIVED: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATU[redacted]ICIAN

35. REMARKS

Falsification of this form or knowingly using a falsif[redacted] 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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044126	ACL 13660	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A — Zip Code — Tel No. — County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM — Zip Code
Tel No. — County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM — Zip Code 87120
Tel No. (505) 610-4711 — County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify (b)(6) examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

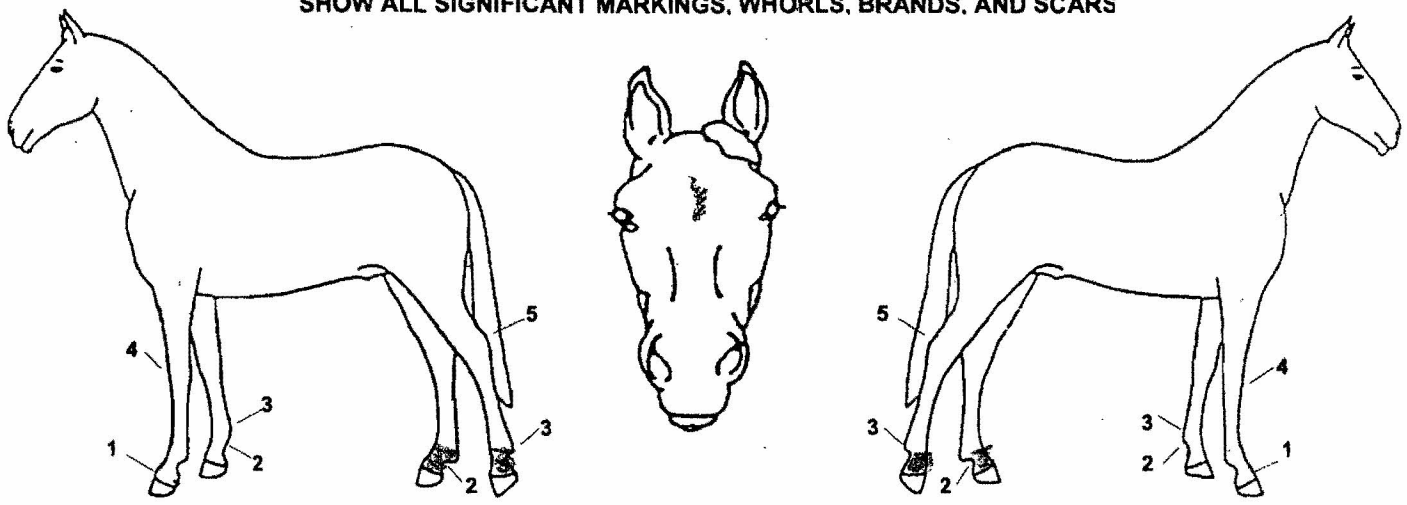
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	
			981020005056701 981 STERILITY EXP 2013-07 2

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
Bay	QH		1	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified [illegible] 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044125	AC. 13661	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
C/O S/W. LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

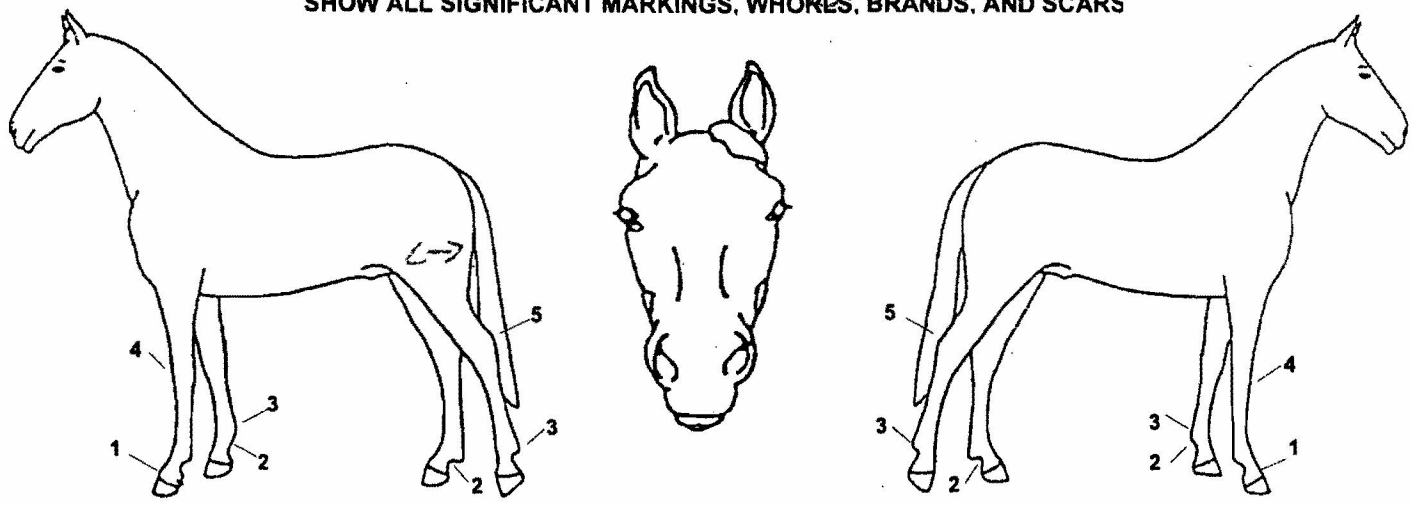
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		981020005073438 981 STERILITY EXP 2013-07 2	Bay	QH		2	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS: C 7 L/H

27. LEFT FORELIMB: 0

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB: 0

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM

32. DATE RECEIVED: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE (b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified [illegible] 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)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044124	ACC. 13663	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 11c&167

6. TEST TYPE: ☒ ELISA ☐ AGID

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

N/A

Zip Code

Tel No. | County

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

LENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. | County

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

C.Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

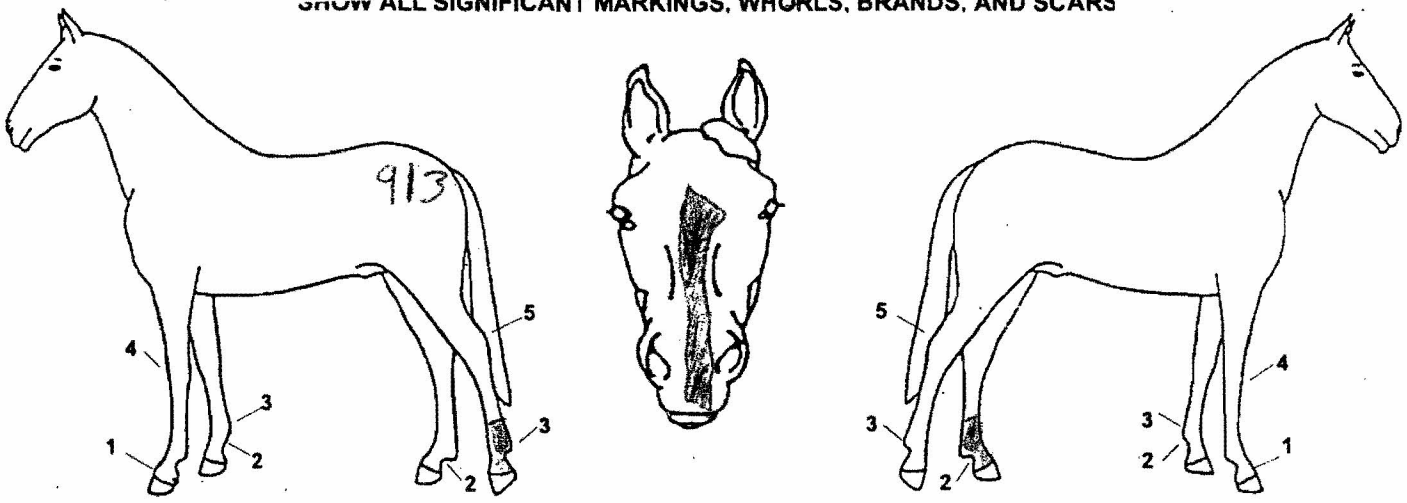
I certify that I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
(b)(6)		

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005062967 981 STERILITY EXP 2013-07 2	Bay	QH		3	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STAR	913 LH
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**
Sock	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE (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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044123	ACL. 13664	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A.
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASHER, DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4771 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDE (b)(6) EDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASHER DVM.

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

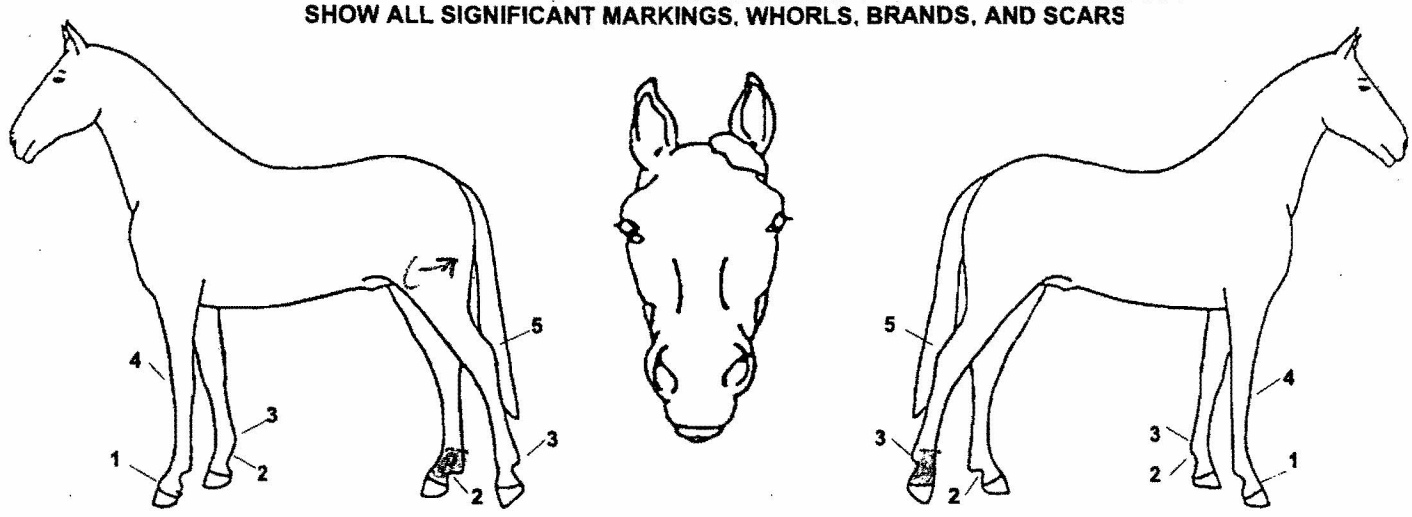
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005060657 981 3	BAY	QH		2	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS: C/T LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB: Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044122	ACC. 13665	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL (b)(6) ED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM.

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

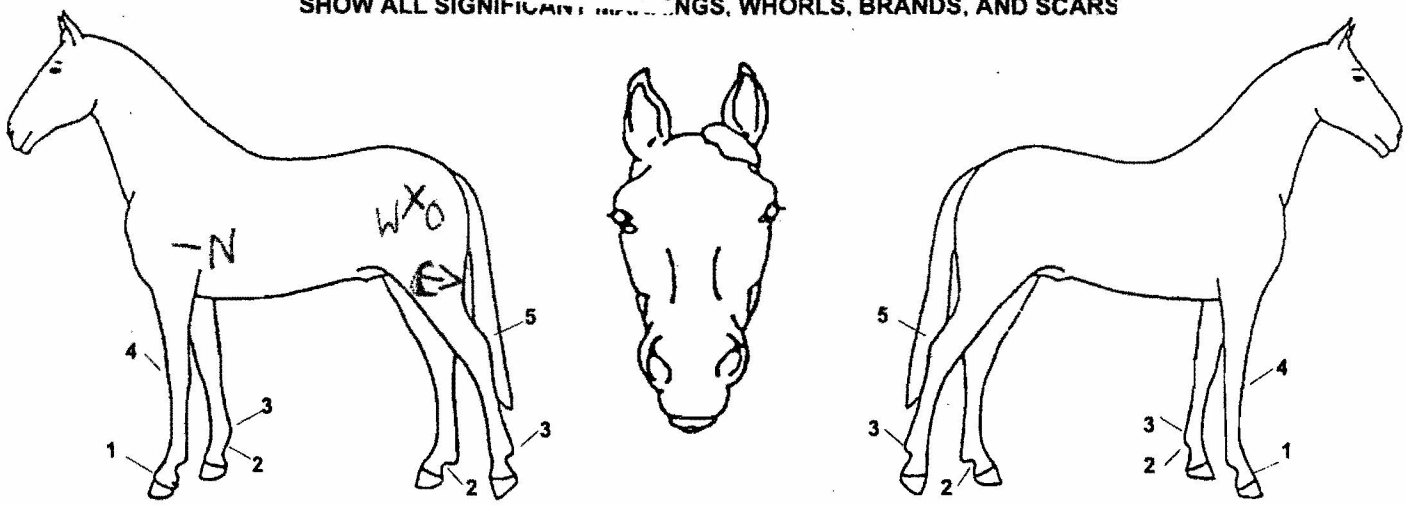
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005050360 981 STERILITY EXP 2013-07 2	Bay	QH		3	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
	-N 4/5 WXO ☒ L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATUR (b)(6) ICIAN		35. REMARKS

Falsification of this form or knowingly using a falsifi... a criminal offense and may result in a fine of not more than $10,000 or imprisonment for no...n 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044121	ACL. 13666	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted] VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM.

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

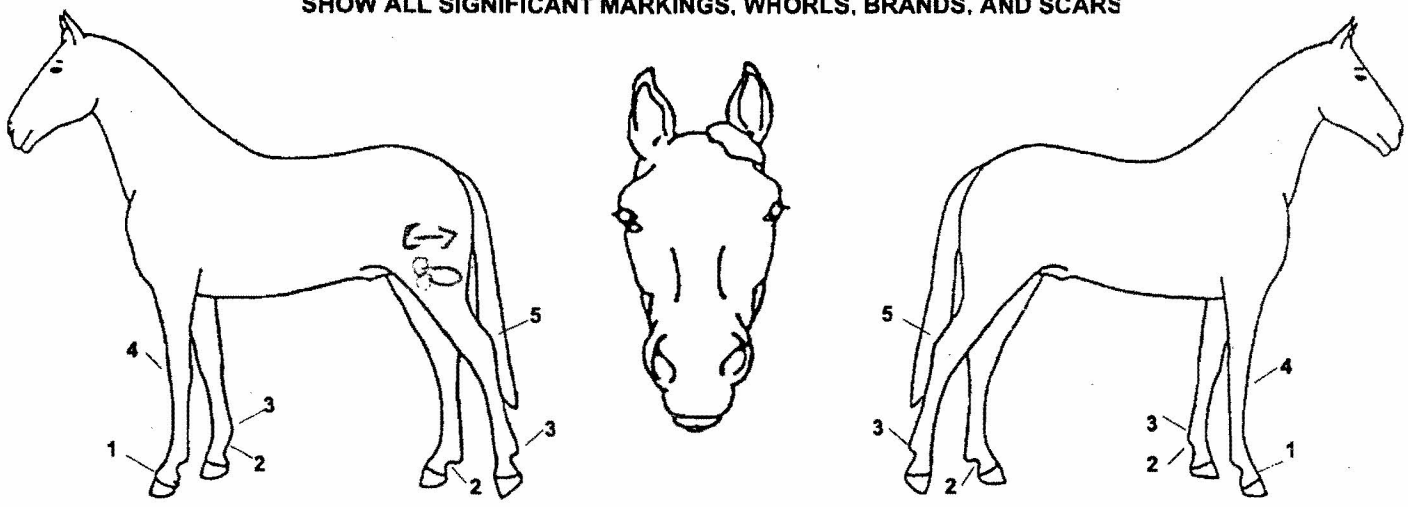
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005075250 981 STERILITY EXP 2013-07 2	Bay	QH		3	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
	L1H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE [redacted] AN		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044120	AQ. 13667	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM.	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

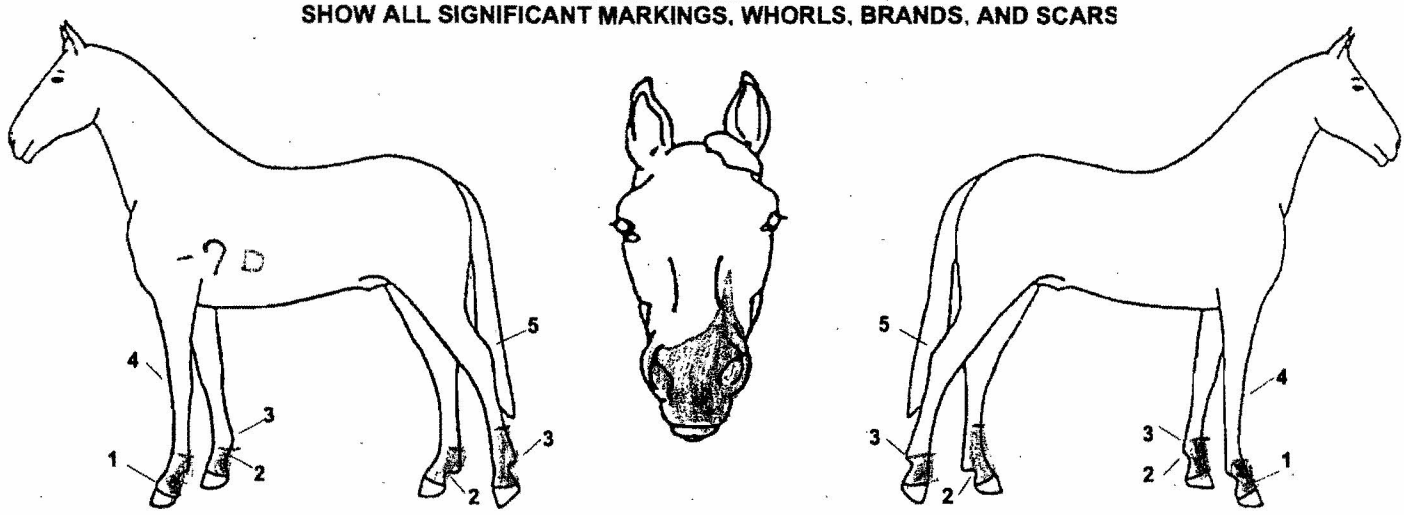
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
			Bluan	QH		2	M

981020005075140 981 STERILITY EXP 2013-07 2

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
Snip	-7D L/S
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
Sock	Sock
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**
Sock	Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsifie[illegible]s 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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044119	ACL. 1368	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A. Zip Code; Tel No.; County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
C/O S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted] VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[redacted]	C.Y. BRASMER DVM.	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

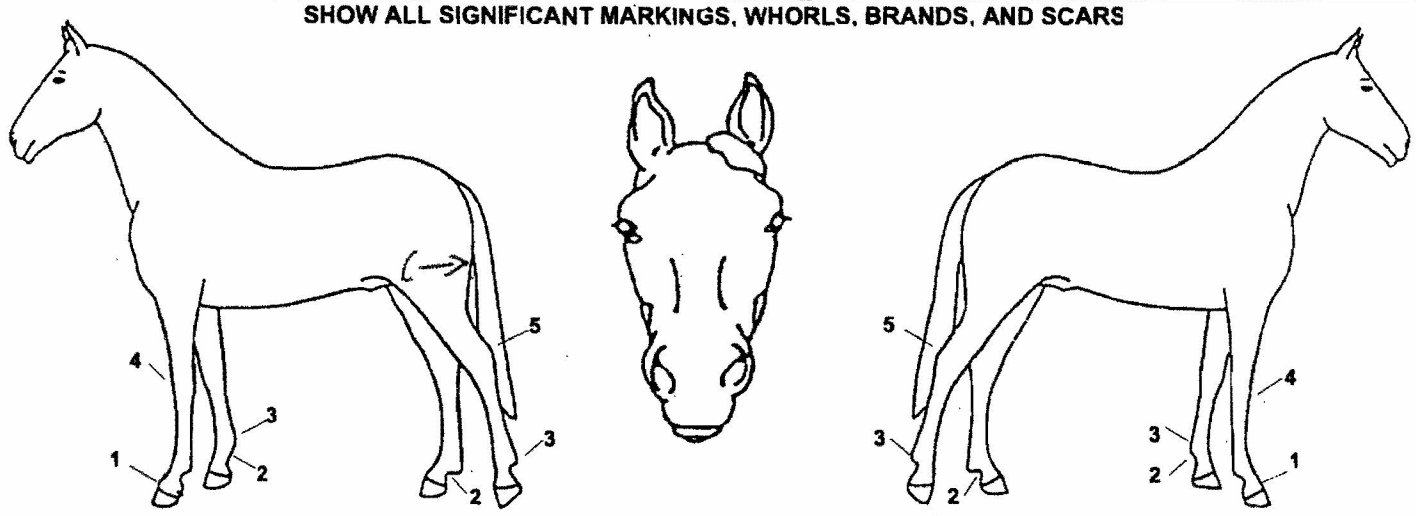
I certify [redacted] examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER O[redacted]ENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
[redacted]		

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005058821 981 STERILITY EXP 2013-07 2	Grey	QH		5	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS: C 7 L/H
27. LEFT FORELIMB: C	28. RIGHT FORELIMB: C
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF [redacted]AN		35. REMARKS

Falsification of this form or knowingly using a falsified f[redacted] 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044118	ACL. 13669	9/15/16

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

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

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

N/A.

Zip Code

Tel No. County

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

DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

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

C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDER[redacted]ED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM.

12. SIGNATURE DATE: 9/15/16

CERTIFICATION OF OWNER OR OWNER'S AGENT

I cert[redacted]examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNE[redacted]GENT

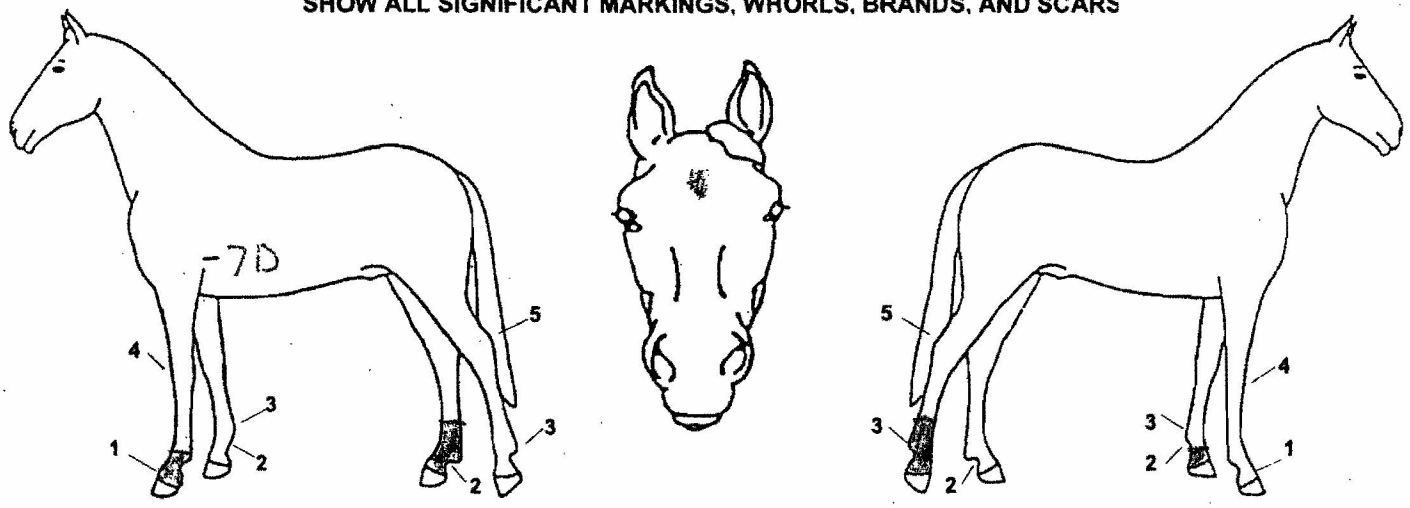
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005047489 981 STERILITY EXP 2013-07 2	Black	QH		1	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STAR	-7D L/S
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
Sock	
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**
	Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE O[redacted]N		35. REMARKS

Falsification of this form or knowingly using a falsified [redacted]riminal offense and may result in a fine of not more than $10,000 or imprisonment for not m[redacted] years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

SERIAL NO. Q1044117 | 1. ACCESSION NUMBER ACL.13670 | 2. DATE BLOOD DRAWN 9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☑ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNA...

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certif[redacted] en submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDE[redacted] ITED VETERINARIAN | 11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM. | 12. SIGNATURE DATE 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

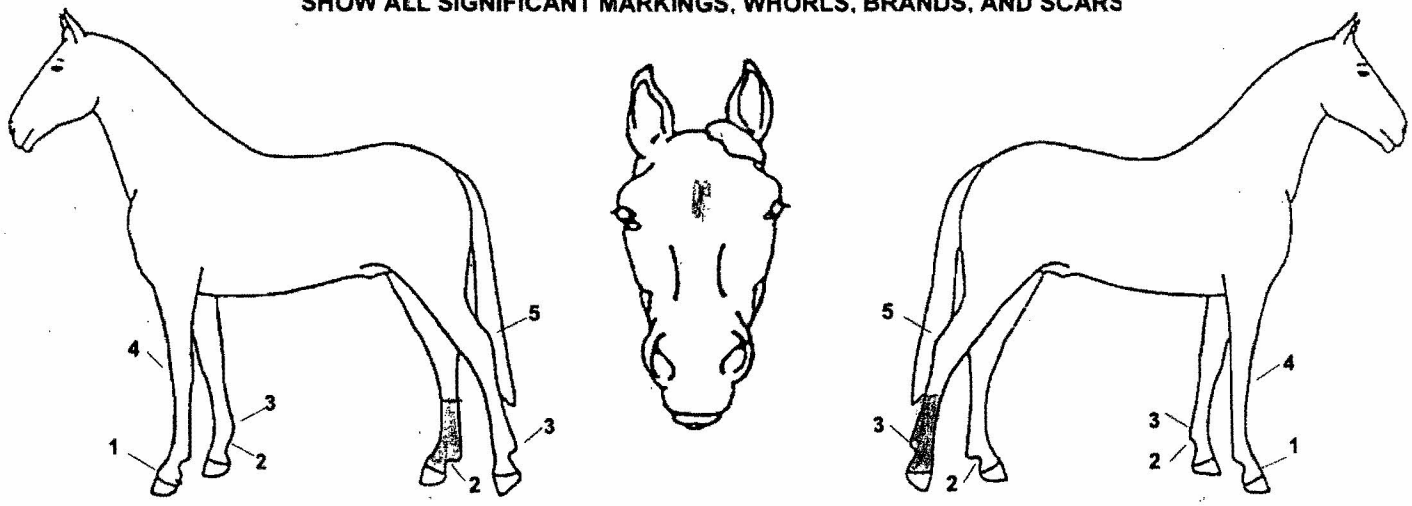
I ce[redacted] e examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT | 14. TYPE OR PRINT SIGNATURE NAME | 15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005059819 981 STERILITY EXP 2013-07 2	BAY	QH		2	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR | 26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB | 28. RIGHT FORELIMB

29. LEFT HINDLIMB | 30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.

32. DATE RECEIVED 9/15/10 | 33. DATE REPORTED OUT 9/15/10 | 34. TEST RESULTS ☒ Negative ☐ Positive ☐ AGID ☑ ELISA

36. SIGNATURE OF TECHNICIAN [redacted] | 35. REMARKS

Falsification of this form or knowingly using a falsifie[redacted] 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)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044116	ACL. 13671	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A. Zip Code: Tel No.: County:

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
C/O S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASHER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERN.

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted]D VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
	C.Y. BRASHER DVM.	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

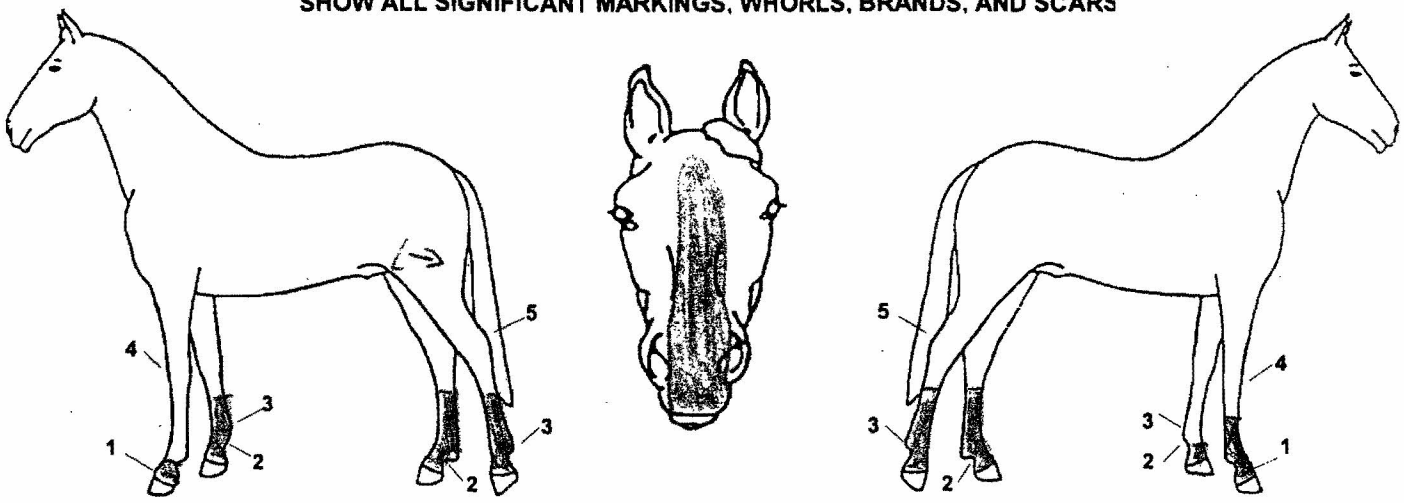
I certify [redacted] examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005060019 981 STERILITY EXP 2013-07 2	Sorrel	QH		1	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
BLAZE	C7 L/H
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
SOCK	SOCK
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**
SOCK	SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN [redacted]		35. REMARKS

Falsification of this form or knowingly using a falsif[redacted] a criminal offense and may result in a fine of not more than $10,000 or imprisonment for no[redacted] an 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044115	ACL.13672	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A. Zip Code: Tel No.: County:

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
C/ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code:
Tel No.: County: NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASHER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code: 87120
Tel No. (505) 610-4711 County: BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted] VETERINARIAN: (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASHER DVM.

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER [redacted]ENT

14. TYPE OR PRINT SIGNATURE NAME

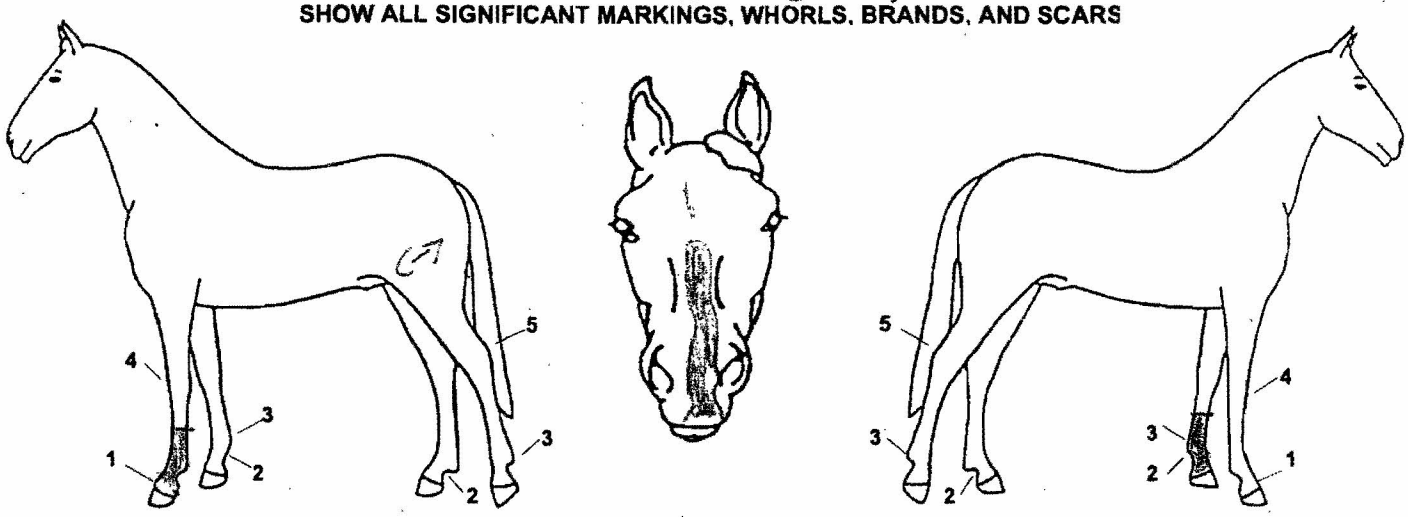
15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			Bay	QH		1	F

981020005001952 981 STERILITY EXP 2013-07 2

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STAR, STRIP	CT LIH
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
SOCK	
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATUR[redacted]ICIAN (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsifi[redacted] a criminal offense and may result in a fine of not more than $10,000 or imprisonment for no[redacted]n 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044218	ACL. 13673	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A

Zip Code

Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
C/O S/W LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN: (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

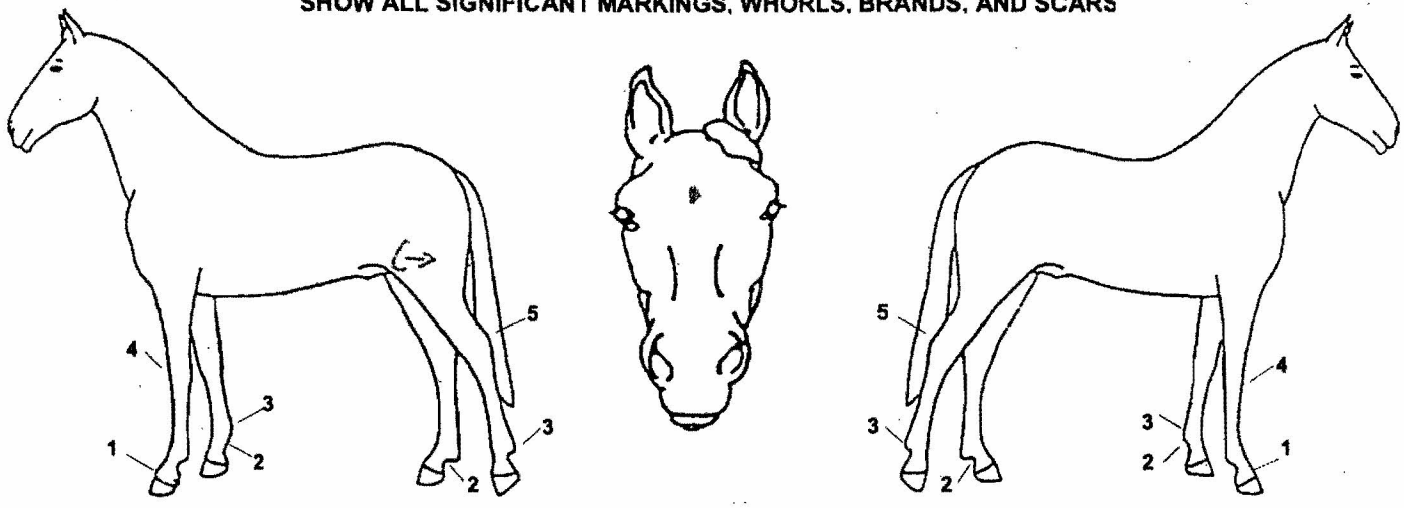
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		981020005046049 981 STERILITY EXP 2013-07 2	Bay	QH		1	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
36. SIGNATURE OF VETERINARIAN: (b)(6)			35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044217	ACL.13674	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
C/ S/W LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code 87120
Tel No. (505) 610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

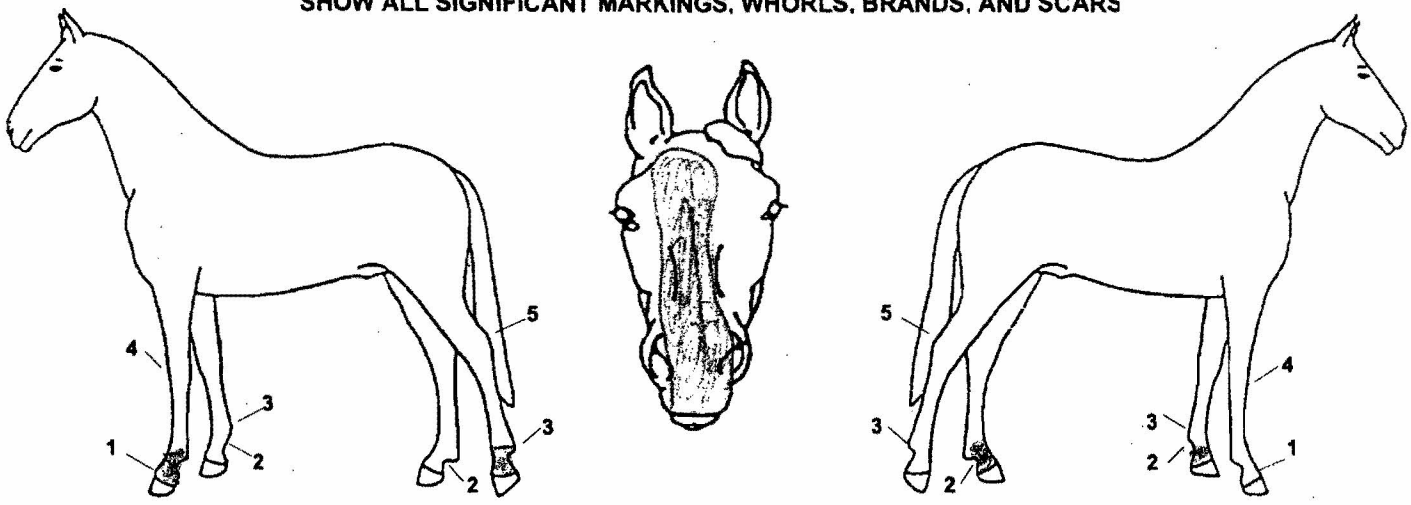
CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
		981020005044791 981 STERILITY EXP 2013-07 1	Brown	QH		2	F

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF (b)(6) ICIAN		35. REMARKS

Falsification of this form or knowingly using a falsifie[illegible] 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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 1044216	ACL 13675	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
C/O S/W LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5800 Jones Place NW
Albuquerque, NM 87120
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

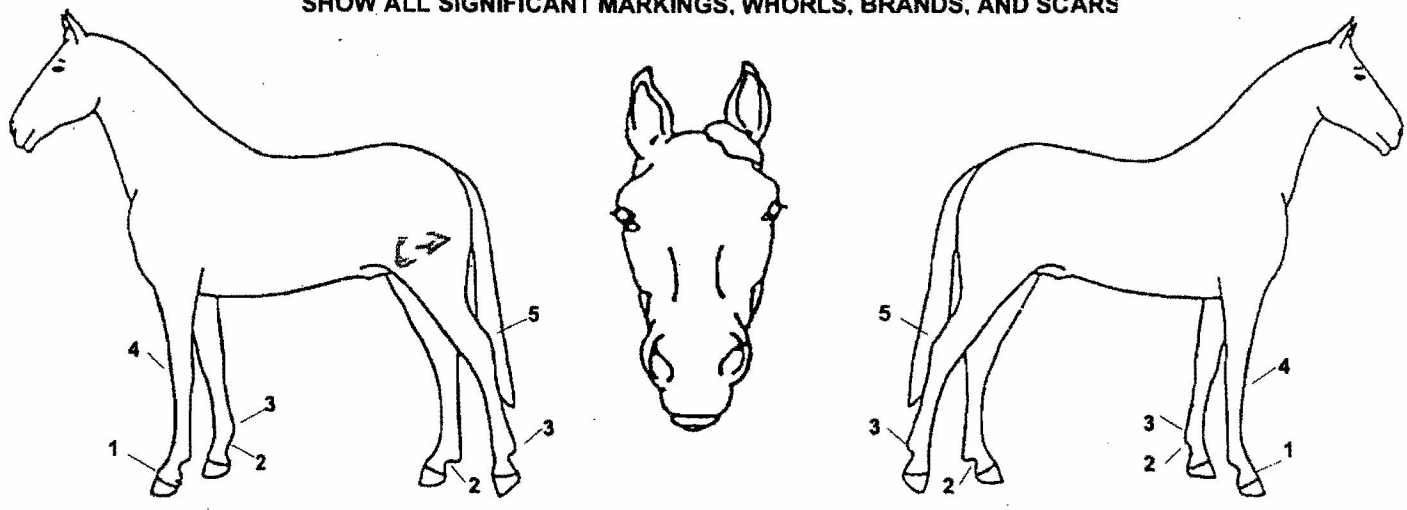
I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005075172 981 STERILITY EXP 2013-07 2	Roan	QH		1	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
	C→ LIH
27. LEFT FORELIMB	28. RIGHT FORELIMB
⊘	⊘
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF VETERINARIAN (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified [illegible] 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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044215	ACL. 13676	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO. 1168

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ B/W LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
8500 Jones Place NW
Albuquerque, NM Zip Code 87120
Tel No. (505) 610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM.

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

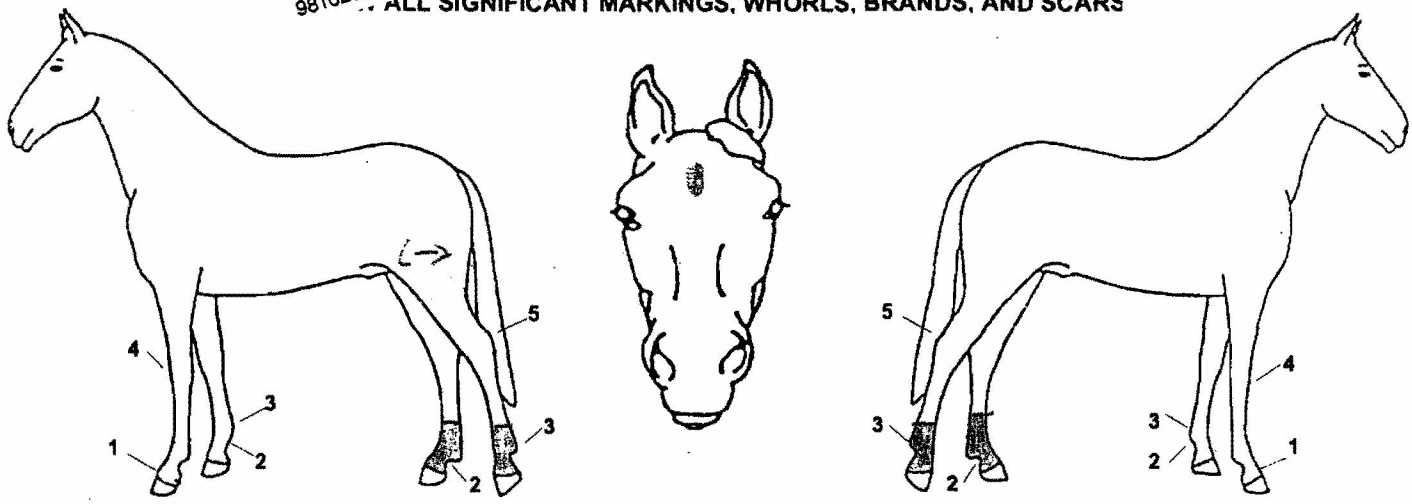
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005072523 981 STERILITY EXP 2013-07 2	grulla	QH		1	M

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

ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STAR	C↗ LIH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
Sock	Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF VETERINARIAN (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q0291404	ACL. 13680	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
℄ S/W LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code 87120
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) men submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDER EDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNE R'S AGENT

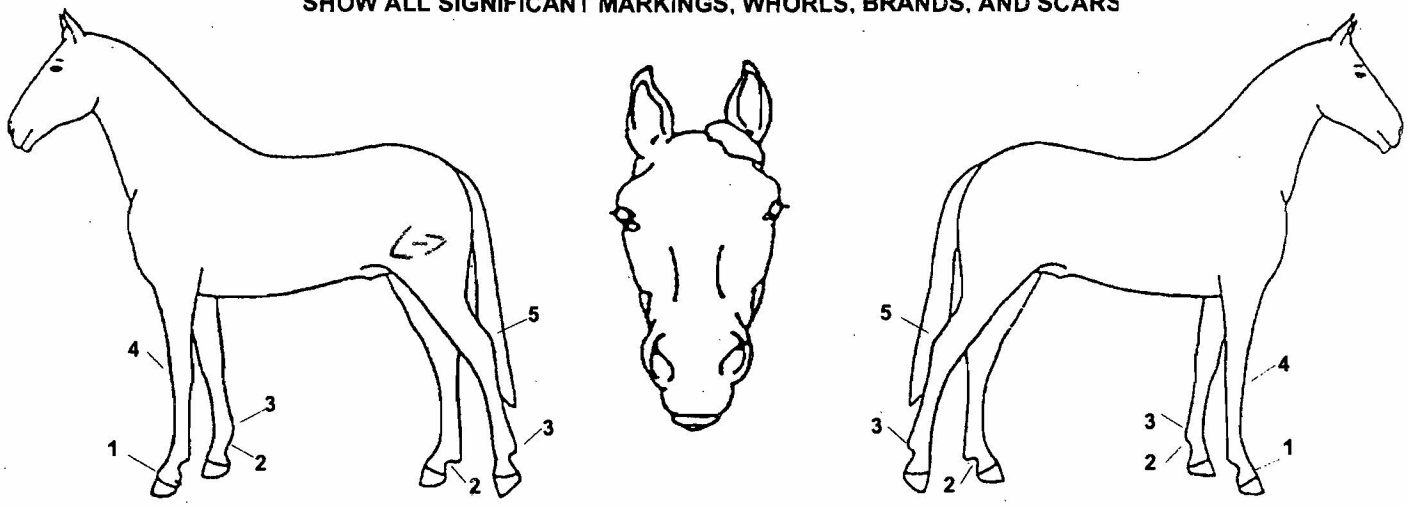
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		981020005014583 981 STERILITY EXP 2013-07 2	Bay	QH		3	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS: C↗

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: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATUR (b)(6) ICIAN

35. REMARKS

Falsification of this form or knowingly using a falsifi 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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 0291401	ACL. 13677	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☐ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASHER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code 87120
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASHER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

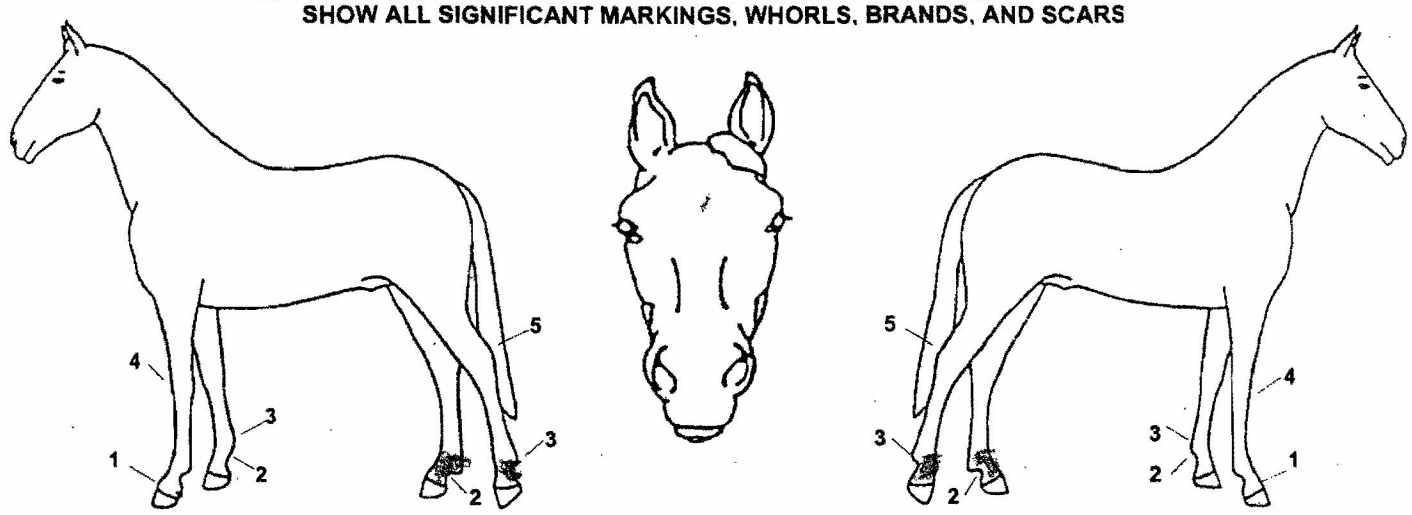
I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005077739 981 STERILITY EXP 2013-07 2	Black	QH		2	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE (b)(6) CIAN		35. REMARKS

Falsification of this form or knowingly using a falsifie[illegible] 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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q0291402	AGL 13678	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☐ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASHER DVM
5900 Jones Place NW
Albuquerque, NM 87114
Zip Code
Tel No. (505)610-4713 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASHER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

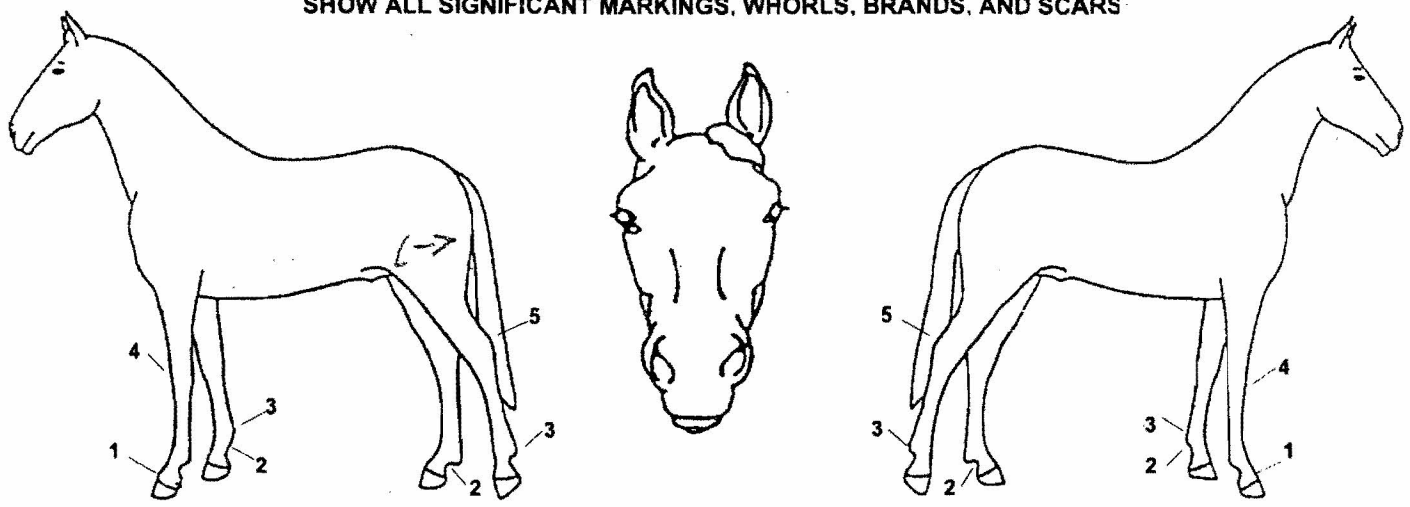
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005057859 981 STERILITY EXP 2013-07 2	Bay	QH		2	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS: C↗ LH
27. LEFT FORELIMB: ⊘	28. RIGHT FORELIMB: ⊘
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE (b)(6) ICIAN		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 0291403	ACL. 13679	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASHER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code 871..
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASHER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

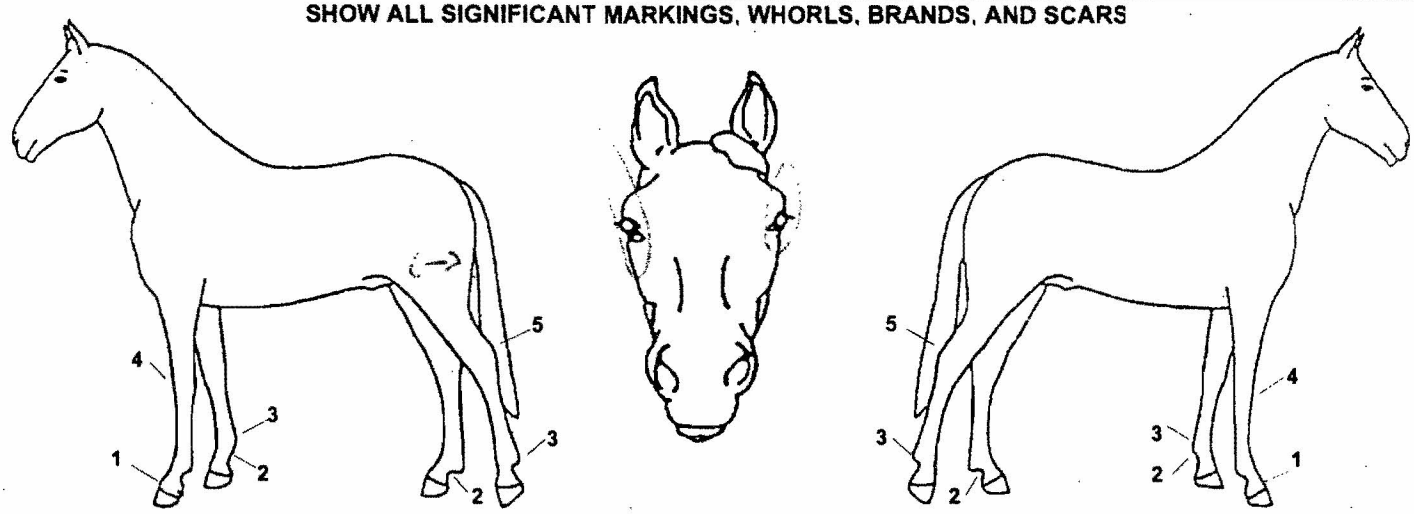
I certify that I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005075320 981 STERILITY EXP 2013-07 2	Chestnut	QH		2	1

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified [illegible] 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)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 0291405	ACC. 13681	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

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

N/A

Zip Code

Tel No. | County

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

DENNIS CHAVEZ
C/O S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No. | County

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

C.Y. BRASHER DVM
5900 Jesus Place NW
Albuquerque, NM

Zip Code

Tel No. (505) 610-4711 | County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASHER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

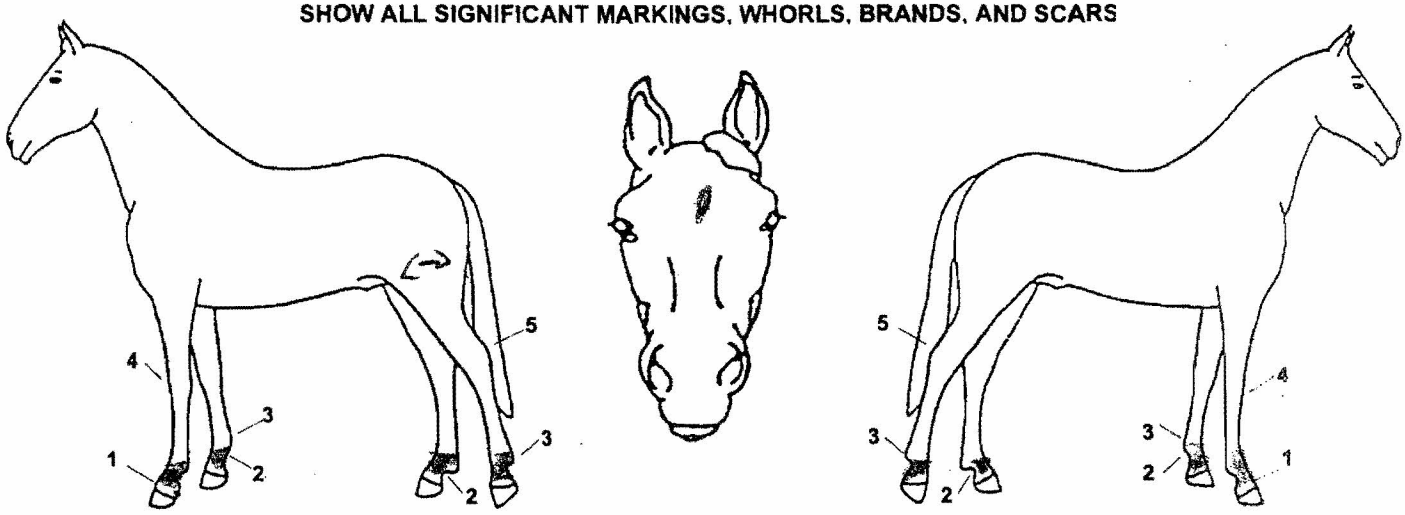
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005059381 981 STERILITY EXP 2013-07 2	Solid	QH			M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STAR	CR L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
Sock	Sock
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
Sock	Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q0291406	ACL. 13682	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☐ ELISA ☐ AGID

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

N/A

Zip Code

Tel No. County

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

DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. County

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

C.Y. BRASHER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code 87120
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDER[redacted]EDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASHER DVM

12. SIGNATURE DATE: 9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I cer[redacted]ve examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

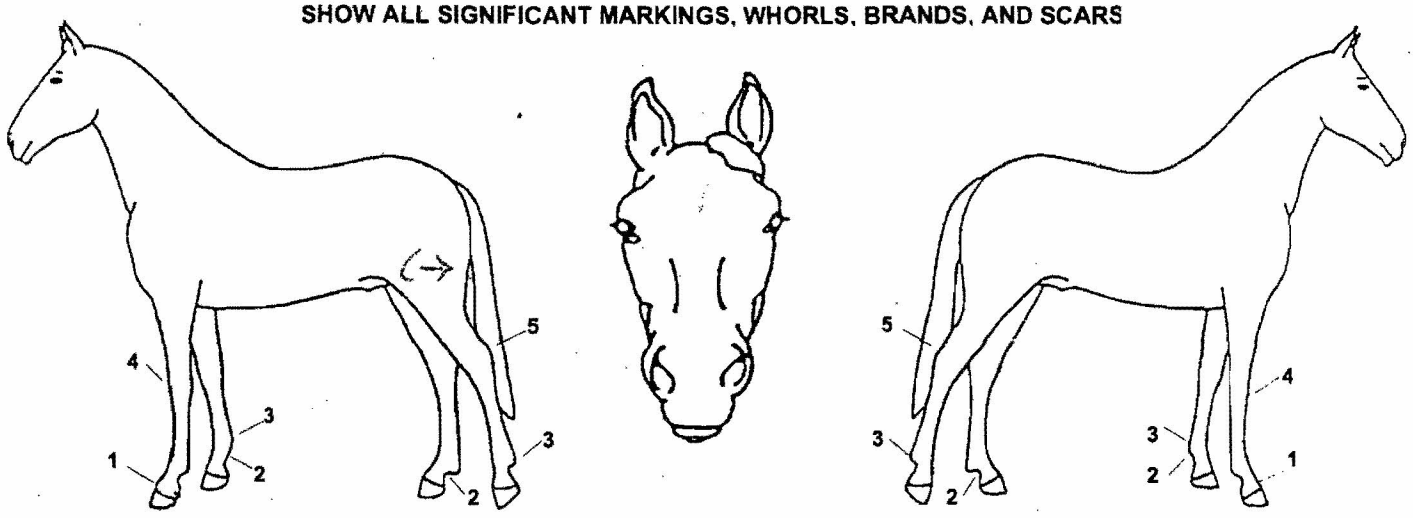
15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			Roan	QH		1	M

981020005012690 981 STERILITY EXP 2013-07 2

24. Sex: M - Male, F - Female, G - Gelding, N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: STAR

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: 9/15/10

33. DATE REPORTED OUT: 9/15/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE OF TECHNICIAN [redacted]

35. REMARKS

Falsification of this form or knowingly using a falsifi[redacted] 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).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 0291407	ACC. 13643	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☐ ELISA ☐ AGID

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

N/A

Zip Code

Tel No. | County

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

DENNIS CRAVEN
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code
Tel No. | County

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

C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM
Zip Code 87120
Tel No. (505)610-4711 | County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM	9/15/10

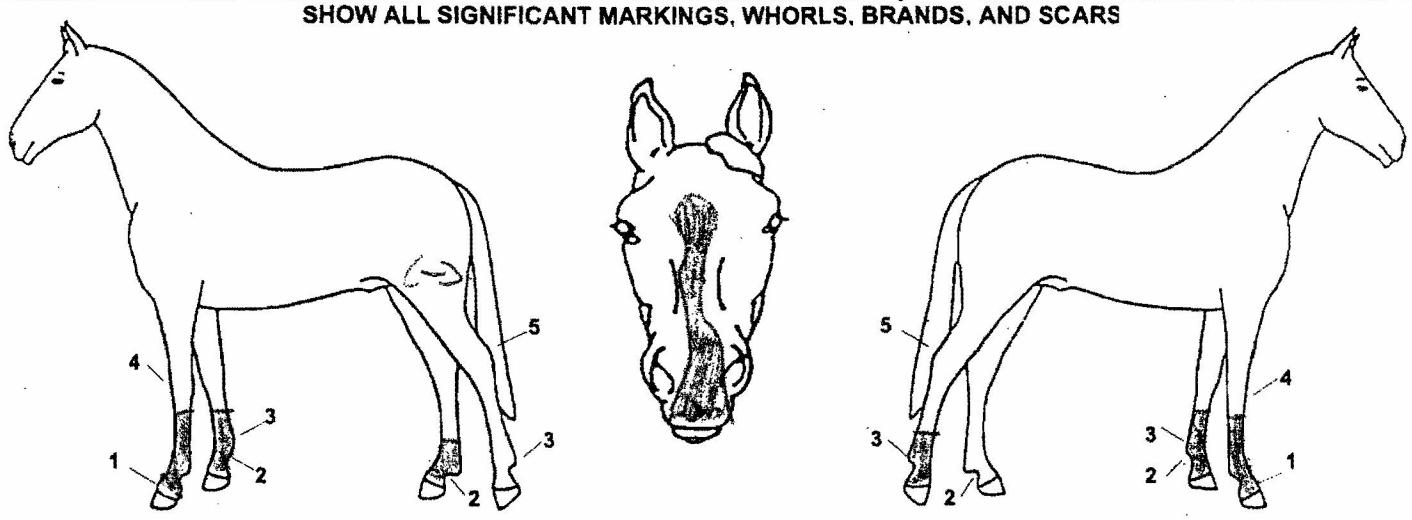
CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
		981020005048445 981 STERILITY EXP 2013-07 2	Sorrel	QH		1	M

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
Stripe	C↗ L/H
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
Sock	Sock
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**
	Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE O (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified [illegible] minal offense and may result in a fine of not more than $10,000 or imprisonment for not m[illegible]ears or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q0291408	ACL. 13684	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☒ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: ~~N/A~~ Zip Code; Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code 87120
Tel No. (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted](b)(6)ED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

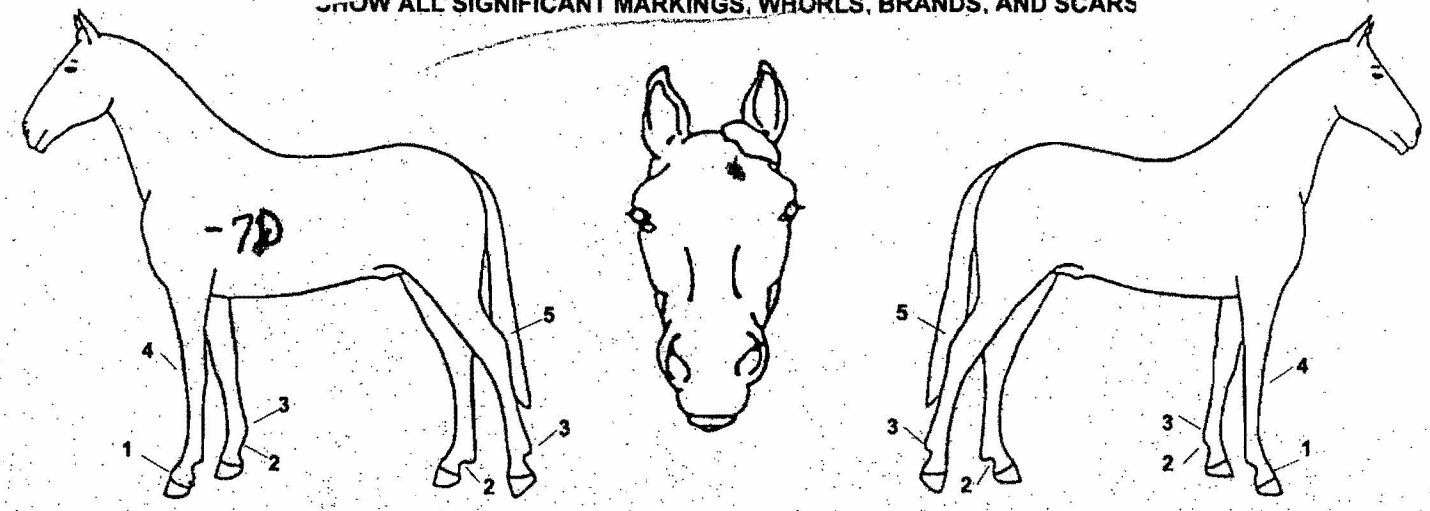
I certify [redacted] examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005059653 981 STERILITY EXP 2013-07 2	Black	QH		1	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STAR	-7D L15
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATUR[redacted](b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsifi[redacted]riminal 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) **PART 3 - OWNER**

See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q1044879	ACL. 13746	9/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☐ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A
Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code 87120
Tel No (505)610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certif[redacted] submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDE[redacted]TED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
	C.Y. BRASMER DVM	9/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

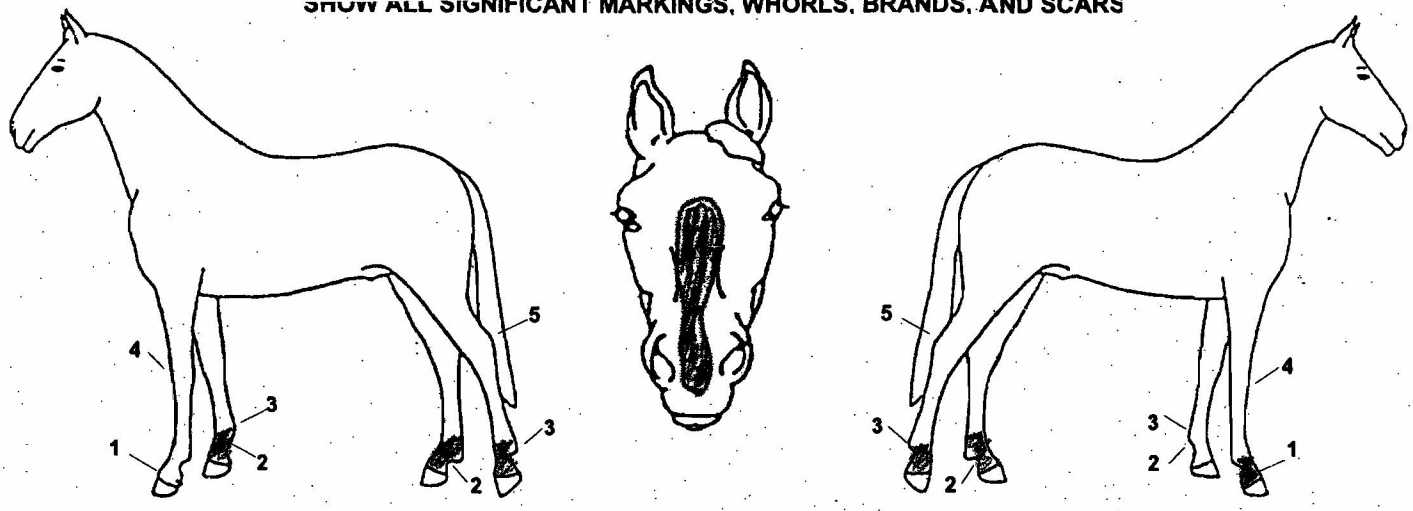
I cer[redacted]e examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWN[redacted] AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981020005073969 981 4	Buck	QH		11	M

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	9/15/10	9/15/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE [redacted]		35. REMARKS

Falsification of this form or knowingly using a falsifie[redacted]riminal 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)

PART 3 - OWNER

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-761-3160
Dennis Chavez
24 Dalies Road
Los Lunas NM 87031

Control Number: 3501B0189
Office Id: 973501
Service Date(s)
Begin: 03-JAN-11
End: 03-JAN-11
Reference NR: NM-11109

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759735177 0250	52.00	1.00	52.00

Total Due $ 52.00

Remarks: 132 SLAUGHTER HORSES TO MEXICO

Payment Information

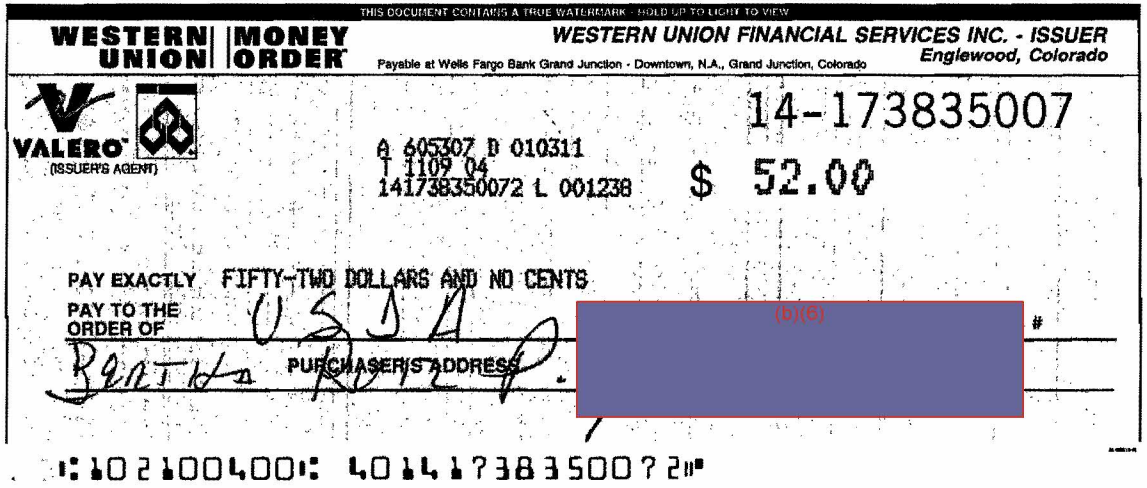
Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
03-JAN-11	$ 52.00	Money Order	14173835007

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

APHIS FORM 81 (REV. 10/96) AUTOMATED SLM



THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION | MONEY ORDER

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER
Englewood, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

VALERO (ISSUER'S AGENT)

14-173835007

A 605307 D 010311
T 1109 04
141738350072 L 001238

$ 52.00

PAY EXACTLY FIFTY-TWO DOLLARS AND NO CENTS

PAY TO THE ORDER OF USDA

(b)(6) [redacted] #

PURCHASER'S ADDRESS

⑆102100400⑆ 4014173835007 2⑈

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM-11109 14
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchideos.

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
   Nombre y Dirección del Importador: Col.Independencia 2,Elisa Griensen 7741
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
5354856	Gelding	5 Years	5329583	Mare	5 Years
5354112	Mare	8 Years	5338234	Mare	8 Years
5334450	Gelding	8 Years	5345101	Gelding	8 Years
5339685	Mare	7 Years	5335999	Gelding	6 Years
5356307	Mare	4 Years	5331524	Mare	5 Years
5331309	Mare	8 Years	5351751	Mare	8 Years
5340467	Mare	8 Years	5356031	Gelding	4 Years
5360151	Mare	5 Years	5347182	Gelding	8 Years
5341122	Mare	7 Years	5355855	Gelding	5 Years
5347887	Mare	4 Years	5359896	Mare	9 Years
2574026	Mare	8 Years	2562519	Mare	5 Years
2587514	Gelding	6 Years	2561897	Gelding	7 Years
2575503	Mare	5 Years	943861	Mare	5 Years
2590066	Mare	7 Years	940928	Gelding	5 Years
2586687	Mare	5 Years	2583112	Mare	5 Years
2564133	Mare	8 Years	962926	Mare	8 Years

FOIA 12-02308 PT-5 Pg. 1022

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM-11109 62
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
2584458	Mare	5 Years	2582764	Mare	6 Years
2588095	Mare	7 Years	2585952	Gelding	8 Years
2577743	Mare	8 Years	2562527	Gelding	7 Years
2717522	Mare	6 Years	971697	Mare	9 Years
960450	Mare	7 Years	941474	Mare	6 Years
2579286	Gelding	5 Years	2565937	Mare	9 Years
2584181	Gelding	5 Years	2588438	Gelding	5 Years
2587053	Mare	8 Years	2580249	Mare	7 Years
2588601	Mare	8 Years	2586489	Mare	5 Years
2560504	Mare	5 Years	2583241	Mare	8 Years
2564042	Mare	7 Years	2575633	Gelding	6 Years
2581090	Mare	5 Years	952108	Mare	8 Years
2563401	Gelding	4 Years	2564589	Gelding	6 Years
2564019	Gelding	5 Years	2581130	Mare	9 Years
918647	Gelding	6 Years	2586898	Mare	5 Years
2565380	Mare	8 Years	2587771	Mare	8 Years
2758917	Mare	5 Years	2580615	Gelding	8 Years
943831	Gelding	7 Years	2569628	Gelding	8 Years
2563228	Gelding	5 Years	2581235	Mare	7 Years
2585291	Mare	7 Years	2587417	Gelding	5 Years
2590404	Mare	5 Years	2580437	Mare	5 Years
2588068	Mare	8 Years	2582042	Mare	8 Years
2584669	Mare	5 Years	2589869	Mare	6 Years
2585972	Gelding	5 Years	943526	Mare	6 Years
2590208	Gelding	8 Years	2589790	Gelding	8 Years
2561250	Gelding	6 Years	2566903	Gelding	7 Years
2564872	Gelding	5 Years	2581893	Mare	5 Years
2764575	Mare	7 Years	2587310	Gelding	8 Years
2580589	Gelding	7 Years	2570286	Mare	5 Years
2584555	Gelding	5 Years	550944	Mare	7 Years
2588170	Gelding	7 Years	2762626	Gelding	7 Years
2587913	Gelding	5 Years	2562538	Mare	5 Years
2566706	Gelding	8 Years	2588129	Mare	5 Years
2581968	Gelding	5 Years	2568396	Gelding	8 Years
2589222	Mare	5 Years	2581547	Mare	5 Years
2577048	Mare	8 Years	2561944	Gelding	6 Years
2569435	Mare	7 Years	2583485	Mare	8 Years
2579841	Gelding	5 Years	2564879	Gelding	6 Years
2588375	Mare	5 Years	2574056	Gelding	6 Years
2564223	Gelding	8 Years	2564836	Gelding	8 Years

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM-11109
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
2562743	Mare	5 Years	2584096	Mare	6 Years
2561903	Mare	8 Years	2575631	Mare	8 Years
2583735	Gelding	8 Years	2589580	Gelding	6 Years
2567793	Mare	7 Years	2585066	Mare	5 Years
2577109	Gelding	5 Years	2560565	Gelding	5 Years
2569457	Gelding	6 Years	2578508	Gelding	7 Years
2580709	Mare	8 Years	2565332	Mare	6 Years
2564107	Gelding	5 Years	2585856	Mare	8 Years
2568846	Mare	6 Years	2589134	Mare	5 Years
2568661	Mare	8 Years	2561334	Mare	6 Years

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* January 3rd 2011

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

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USDA

Veterinary Services
National Center for
Import and Export

Health Certificate No. NM-11109
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(Delete as appropriate */Remueva lo que no aplique)*

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.][

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][*

USDA, APHIS, Veterinary Services
6200 Jefferson Street NE, Suite 117
Albuquerque, NM 87109

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

Paul Sciglibaglio, DVM, AVIC
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6) 1/3/2011
Signature of Ac terinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

(b)(6) 3/2011
l Veterinarian
Firma del Médico Veterinario que endosa y Fecha

(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).*

Mexico, Slaughter horse HC

AFFIDAVIT
DECLARACIÓN JURADA

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, fenilituracilo y propilituracilo.

Date and signature of the exporter [redacted] 1/3/2011
Fecha y firma del exportador

Date and signature of the Notary Pu[redacted] /3/2011
Fecha y firma del Notario Público

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

NM-11109 12

TIME HORSES LOADED ON CONVEYANCE: 5:00pm	DATE: 1/3/2011
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico	
VEHICLE LICENSE NO. AND DRIVER'S N: Montoya Trucking - (b)(6)	NAME OF AUCTION/MARKET: Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco
STREET ADDRESS: 24 Davies Rd	STREET ADDRESS: Elisa Griensen 7741 Col. Independencia 2
CITY, STATE, ZIP CODE: Los Lunas, nm 87031	CITY, STATE, ZIP CODE: Juarez, Chihuaha MX
AREA CODE & TELEPHONE NO.: 505-865-4600	AREA CODE & TELEPHONE NO.: 915-252-Lele14

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFO	3801	/							/						/	5354856	
2		02						roan		/				/			5329583	
3		03		/						/				/			5354112	
4		04						b.skin		/				/			5338234	
5		05		/						/						/	5334450	
6		06						dun		/						/	5345101	
7		07	/							/				/			5339685	
8		08	/							/						/	5335999	
9		09	/							/				/			5356307	
10		10		/						/				/			5331524	
11		11		/						/				/			5331309	
12		12		/						/				/			5351751	
13		13		/						/				/			5340467	
14		14		/						/						/	5356031	
15		15		/						/				/			5360151	

HORSES HAVE HAD ACCE[illegible] (b)(6) FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BE[illegible]E.

SIGNATURE

I HEREBY AUTHORIZE T[illegible]UMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

SIGNATURE OF OWNER[illegible] (b)(6) contained in this form is true and correct to the best of my knowledge.

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

FOIA 12-02308 PT-5 Pg. 1027

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

NM-111091Q

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFD	3816						SR		/						/	5347182	
17		17		/						/				/			5341122	
18		18	/							/						/	5355855	
19		19		/						/				/			5347887	
20		20		/						/				/			5359896	
21		21				/				/				/			2574026	
22		22						SR		/				/			2562519	
23		23	/							/						/	2587514	
24		24				/				/						/	2561897	
25		25						b.skin		/				/			2575503	
26		26						SR		/				/			943861	
27		27						b.skin		/				/			25900606	
28		28						SR		/						/	940928	
29		29						SR		/				/			25866687	
30		30						palo		/				/			2583112	
31		31						SR		/				/			2564133	
32		32						SR		/				/			962926	
33		33	/							/				/			2584458	
34		34						SR		/				/			2582764	
35		35						SR		/				/			2588095	
36		36	/							/						/	2585952	
37		37						palo		/				/			2577743	
38		38	/							/						/	2562527	
39		39		/						/				/			2717522	
40		40		/						/				/			971697	
41		41		/						/				/			960450	
42		42						roan		/				/			941474	
43		43						SR		/						/	2579286	
44		44	/							/				/			2565937	
45		45						app		/						/	2584181	

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SIGNATURE OF OWNER/SHIPPER [redacted] (b)(6) orm is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1028

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 0579-0160
NM-11109

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	38416	/							/						/	2588438	
17		47		/						/				/			2587053	
18		48		/						/				/			2580249	
19		49	/							/				/			25886001	
20		50						SR			/			/			2586489	
21		51						SR		/				/			25600504	
22		52				/				/				/			2583241	
23		53	/							/				/			25604042	
24		54				/				/						/	2575633	
25		55	/							/				/			2581090	
26		56		/						/				/			952108	
27		57						SR		/						/	2563401	
28		58			/					/						/	2564589	
29		59				/				/						/	2564019	
30		60						SR		/				/			2581130	
31		61	/							/						/	9186047	
32		62	/							/				/			2586898	
33		63	/							/				/			2565380	
34		64						DSCN		/				/			2587771	
35		65	/							/				/			2758917	
36		66	/							/						/	2580605	
37		67				/				/						/	943831	
38		68	/							/						/	2569628	
39		69						SR		/						/	2563228	
40		70	/							/				/			2581235	
41		71	/							/				/			2585291	
42		72	/							/						/	2587417	
43		73						SR		/				/			2590404	
44		74	/							/				/			2580437	
45		75	/							/				/			2588068	

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(b)(6)

SIGNATURE OF OWNER/SHIPPER(I d nd correct to the best of my knowledge.)

FOIA 12-02308 PT-5 Pg. 1029

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

NM-11109

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFD	3876						b&w		/				/			2582042	
17		77						SR		/				/			2584669	
18		78						SR		/				/			2589869	
19		79				/				/						/	2585972	
20		80		/						/				/			943526	
21		81				/				/						/	2590208	
22		82		/						/						/	2589790	
23		83	/							/						/	2561250	
24		84						SR		/						/	2560903	
25		85		/						/						/	2564872	
26		86						roan		/				/			2581893	
27		87						SR		/				/			27604575	
28		88	/							/						/	2587310	
29		89				/				/						/	2580589	
30		90						SR		/				/			2570286	
31		91				/				/						/	2584555	
32		92						SR		/				/			550944	
33		93	/							/						/	2588170	
34		94	/							/						/	27602626	
35		95						SR		/						/	2587913	
36		96	/							/				/			2562538	
37		97						dun		/						/	2560706	
38		98	/							/				/			2588129	
39		99	/							/						/	25819168	
40		3900						SR		/						/	2568396	
41		01			/					/				/			2589222	
42		02						SR		/				/			2581547	
43		03						dun		/				/			2577048	
44		04						SR		/						/	2561944	
45	↓	05	/							/				/			2569435	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY U[redacted] INAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THA[redacted] ON 1001).

SIGNATURE OF OWNER/SHIPPER(I c[redacted] form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1030

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160
NM-11109

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO.3906		/							/				/			2583485	
17		07				/				/						/	2579841	
18		08				/				/						/	2564879	
19		09						paso		/				/			2588375	
20		10						SR		/						/	2574056	
21		11	/							/						/	2564223	
22		12						SR		/						/	2564836	
23		13		/						/				/			2562743	
24		14	/							/				/			2584096	
25		15	/							/				/			2561903	
26		16						dun		/				/			2575631	
27		17	/							/						/	2583735	
28		18		/						/						/	2589580	
29		19	/							/				/			2567793	
30		20						SR		/				/			2585016	
31		21	/							/						/	2577109	
32		22	/							/						/	2560565	
33		23						SR		/						/	2569457	
34		24				/				/						/	2578508	
35		25						gruya		/				/			2580709	
36		26						SR		/				/			2565332	
37		27			/					/						/	2564107	
38		28		/						/				/			2585856	
39		29		/						/				/			2568846	
40		30	/							/				/			2589134	
41		31						app		/				/			2568616	
42		32						SR		/				/			2561334	
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 THA (b)(6) 001).

SIGNATURE OF OWNER/SHIPPER(I c s true and correct to the best of my knowledge.)

[redacted]

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1031

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-761-3160
Dennis Chavez
24 Dalies Road
Los Lunas NM 87031

Control Number: 3501B0224
Office Id: 973501
Service Date(s)
Begin: 24-JAN-11
End: 24-JAN-11
Reference NR: NM-11131

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759735177 0250	52.00	1.00	52.00

Total Due $ 52.00

Remarks: 153 slaughter horses to MX.
C/O C Y Brasmer D.V.M.

Payment Information

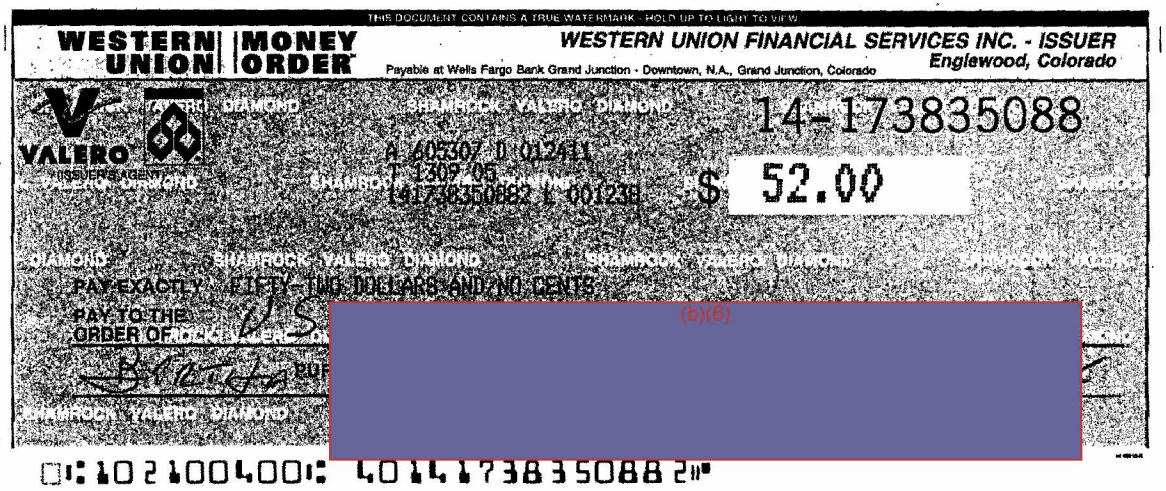
Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
24-JAN-11	$ 52.00	Money Order	14-173835088

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

APHIS FORM 81 (REV. 10/96) AUTOMATED WJJ


THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION | MONEY ORDER

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER
Englewood, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

VALERO

14-173835088

A 605307 D 012411
T 1309 05
191738350882 L 001239

$ 52.00

PAY EXACTLY FIFTY-TWO DOLLARS AND NO CENTS

PAY TO THE ORDER OF

(b)(6)

□:102100400□ 4014173835088 2□

USDA

Veterinary Services
National Center for Import and Export

Health Certificate No. NM-11131 PL
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchideos.

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas,NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
   Nombre y Dirección del Importador: Col.Independencia 2,Elisa Griensen 7741
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
2581496	Gelding	4 Years	2583893	Mare	6 Years
2585669	Mare	8 Years	2585859	Gelding	8 Years
2582538	Mare	8 Years	2587893	Mare	6 Years
782812	Mare	5 Years	2582188	Mare	8 Years
2564682	Mare	5 Years	2588350	Mare	5 Years
2581250	Gelding	5 Years	2563181	Mare	8 Years
2583047	Mare	7 Years	2584214	Mare	5 Years
2585938	Mare	5 Years	2582354	Gelding	7 Years
2589826	Gelding	7 Years	2562875	Gelding	5 Years
2563587	Mare	5 Years	2580812	Gelding	7 Years
2586393	Gelding	8 Years	2589333	Gelding	7 Years
2566349	Mare	5 Years	5344273	Gelding	8 Years
2585610	Gelding	6 Years	2580774	Gelding	6 Years
2580561	Gelding	7 Years	2583816	Mare	7 Years
2585631	Gelding	6 Years	2589138	Gelding	8 Years
2590448	Gelding	7 Years	2569867	Gelding	7 Years

3501B0224

FOIA 12-02308 PT-5 Pg. 1034

USDA

VS
Veterinary Services

National Center for
Import and Export

Health Certificate No. NM-11131
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
2565310	Gelding	5 Years	2589553	Mare	6 Years
2567167	Gelding	7 Years	2581068	Mare	8 Years
5359108	Mare	8 Years	2565878	Mare	5 Years
2577461	Gelding	7 Years	2589685	Mare	8 Years
2583949	Mare	7 Years	2571610	Mare	8 Years
5351057	Gelding	7 Years	2586850	Mare	6 Years
2560437	Gelding	7 Years	2582587	Mare	6 Years
2586965	Mare	7 Years	2583844	Gelding	6 Years
5279114	Mare	5 Years	2569988	Mare	4 Years
2569340	Mare	8 Years	2561641	Gelding	7 Years
2563203	Gelding	7 Years	2564458	Mare	8 Years
2590407	Mare	8 Years	2561908	Mare	5 Years
2568800	Gelding	5 Years	2580735	Mare	6 Years
2582873	Mare	8 Years	2581137	Mare	8 Years
2566560	Gelding	6 Years	5351168	Mare	6 Years
2582227	Gelding	5 Years	2561118	Gelding	5 Years
2580959	Gelding	8 Years	5345822	Mare	9 Years
2576187	Gelding	7 Years	2561444	Mare	6 Years
2564497	Mare	5 Years	2583637	Gelding	6 Years
2587361	Gelding	8 Years	2567426	Mare	7 Years
2569058	Gelding	5 Years	2582001	Gelding	5 Years
2580671	Gelding	7 Years	5357856	Gelding	8 Years
2584152	Mare	8 Years	2561660	Gelding	6 Years
2582314	Gelding	5 Years	2581234	Gelding	5 Years
2563848	Gelding	5 Years	2587466	Mare	5 Years
2583256	Gelding	8 Years	5336107	Gelding	8 Years
2581898	Gelding	5 Years	2579427	Mare	5 Years
2562546	Mare	7 Years	2568470	Gelding	8 Years
2581968	Gelding	8 Years	2764141	Mare	5 Years
5356887	Mare	5 Years	2586341	Gelding	8 Years
2582421	Gelding	7 Years	2565090	Gelding	7 Years
2584014	Mare	5 Years	2564076	Mare	7 Years
5357854	Mare	6 Years	2561688	Mare	8 Years
2565312	Mare	8 Years	2587383	Mare	7 Years
2565325	Gelding	8 Years	2566631	Gelding	8 Years
2586115	Mare	7 Years	2561376	Mare	7 Years
2570337	Gelding	5 Years	2566334	Gelding	8 Years
2567152	Gelding	8 Years	2578687	Gelding	6 Years
2569044	Mare	6 Years	2561981	Gelding	7 Years
2562115	Mare	7 Years	2562881	Gelding	8 Years

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM-11131
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
2562591	Gelding	5 Years	2563579	Gelding	7 Years
2580839	Gelding	8 Years	2570324	Gelding	8 Years
2577768	Gelding	7 Years	2563446	Gelding	6 Years
2562743	Mare	8 Years	5360639	Gelding	8 Years
2585325	Mare	5 Years	2565262	Mare	8 Years
2586643	Gelding	7 Years	5346870	Gelding	5 Years
2569135	Gelding	8 Years	2578763	Gelding	7 Years
2583555	Gelding	6 Years	2569604	Gelding	8 Years
2564860	Gelding	8 Years	2562499	Mare	8 Years
2585729	Gelding	5 Years	5339681	Gelding	5 Years
2580753	Gelding	6 Years	2560589	Gelding	6 Years
2562630	Gelding	8 Years	2562830	Mare	7 Years
2566014	Mare	7 Years	2583695	Gelding	7 Years
2580900	Gelding	7 Years	2584224	Gelding	8 Years
2588212	Mare	8 Years	2569101	Mare	5 Years
2568994	Gelding	4 Years	2581364	Mare	8 Years
2580768	Gelding	8 Years	2581506	Gelding	6 Years
2580508	Mare	6 Years	2563525	Mare	8 Years
2570204	Gelding	8 Years	2580374	Mare	7 Years
2587901	Gelding	7 Years	2588249	Gelding	8 Years
2580939	Mare	5 Years			

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM-11131
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Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* January 24th 2011

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

FOIA 12-02308 PT-5 Pg. 1037

USDA

Veterinary Services
National Center for
Import and Export

Health Certificate No. NM-11131
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate /*Remueva lo que no aplique)*

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.][

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][*

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

USDA, APHIS, Veterinary Services
6200 Jefferson St., NE, Suite 117
Albuquerque, New Mexico 87109
Paul Sciglibaglio D.V.M.
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa. Area Veterinarian in Charge, New Mexico

(b)(6)

1/24/2011
Signature of A terinarian and Date
Firma del Mé rio Acreditado y Fecha

(b)(6)

Date: 01-24-2011
Si Veterinarian
a
Firma del Médico Veterinario que endosa y Fecha

(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).*

Mexico, Slaughter horse HC

AFFIDAVIT
DECLARACIÓN JURADA

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propilti[redacted]

Date and signature of the exporter [redacted] 1/24/11
Fecha y firma del exportador

Date and signature of the Notary Pu[redacted] 1/24/11
Fecha y firma del Notario Público

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

NM-11131

TIME HORSES LOADED ON CONVEYANCE: 3:00pm

DATE: 1/24/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico

VEHICLE LICENSE NO. AND DRIVER'S NAM: Montoya Trucking - (b)(6)

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco

STREET ADDRESS: 24 Dalies Rd

STREET ADDRESS: Elisa Griensen 7741 Col. Independencia 2

CITY, STATE, ZIP CODE: Los Lunas, nm 87031

CITY, STATE, ZIP CODE: Juarez, Chihuaha mx

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-252-6614

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFO	16D1						SR		/						/	2581496	
2		02			/					/				/			2583893	
3		03						SR		/				/			2585669	
4		04	/							/						/	2555859	
5		05						SR		/				/			2582538	
6		06				/				/				/			2587893	
7		07	/							/				/			782812	
8		08		/						/				/			2582188	
9		09						SR		/				/			2564683	
10		10						SR		/				/			2583350	
11		11	/							/						/	2581250	
12		12						SR		/				/			2563181	
13		13						SR		/				/			2583047	
14		14						own		/				/			2584214	
15		15	/							/				/			2585938	

HORSES HAVE HAD ACC (b)(6) OF 6 CONSECUTIVE HOURS IMMEDIATELY BE

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE T INFORMATION IN IT AS COMPLETED BY THE CF 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).

SIGNATURE OF OWNER/ (b)(6) form is true and correct to the best of my knowledge.)

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG s are obslete

PAGE 1 OF 6

PART 1 - INSPECTOR

FOIA 12-02308 1 Pg: 1040

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

NM-11131

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFD	46116						alun		/						/	25823S4	
17		17	/							/						/	2589826	
18		18				/				/						/	2562875	
19		19						SR		/				/			2563587	
20		20						app		/						/	2580812	
21		21	/							/						/	2586393	
22		22						SR		/						/	2589333	
23		23						SR		/				/			2566349	
24		24	/							/						/	5344273	
25		25						roan		/						/	2585610	
26		26						SR		/						/	2580774	
27		27	/							/						/	2580561	
28		28	/							/				/			2583816	
29		29				/				/						/	2585631	
30		30				/				/						/	2589138	
31		31	/										mule			/	2590448	
32		32						SR		/						/	2569867	
33		33						SR					mule			/	2565310	
34		34				/				/				/			2589553	
35		35		/						/						/	2567167	
36		36		/						/				/			2581068	
37		37						alun		/				/			5359108	
38		38						brn		/				/			2565878	
39		39						bskin		/						/	2574461	
40		40		/						/				/			2589685	
41		41						app		/				/			2583949	
42		42			/					/				/			2571610	
43		43						SR		/						/	5351057	
44		44						SR		/				/			2586850	
45		45	/							/						/	2560437	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY US[redacted] L OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THA[redacted] 1001).

SIGNATURE OF OWNER/SHIPPER(I ce[redacted] is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1041

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

NM-11131 B

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	41646						palo		/				/			2582587	
17		47						palo		/				/			25809665	
18		48	/							/						/	2583844	
19		49	/							/				/			5279114	
20		50	/							/				/			2569988	
21		51				/				/				/			2569340	
22		52						allen		/						/	25611641	
23		53	/							/						/	25633203	
24		54		/						/				/			2564458	
25		55						SR		/				/			2590407	
26		56				/				/				/			2561908	
27		57	/							/						/	2568800	
28		58	/							/				/			2580735	
29		59						bskin		/				/			2582873	
30		60						SR		/				/			2581137	
31		61						SR		/						/	25606560	
32		62						SR		/				/			53511168	
33		63	/							/						/	2582227	
34		64		/						/						/	2561118	
35		65						bskin		/						/	2580959	
36		66						SR		/				/			5345832	
37		67	/							/						/	2576187	
38		68						SR		/				/			2561444	
39		69						SR		/				/			2564497	
40		70	/							/						/	2583637	
41		71						bskin		/						/	2587361	
42		72	/							/				/			2567426	
43		73						bskin		/						/	2569058	
44		74	/							/						/	2582001	
45		75	/							/						/	2580671	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWIN[redacted] OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MOR[redacted] 001).

SIGNATURE OF OWNER/SHIPP[redacted] is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1042

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160
NM-11131

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	46076						SR		/						/	53578516	
17		77						SR		/				/			2584152	
18		78			/					/						/	25611660	
19		79	/							/						/	2582314	
20		80	/							/						/	2581234	
21		81	/							/						/	25603848	
22		82	/							/				/			25874606	
23		83						bskin		/						/	25833516	
24		84	/							/						/	53361107	
25		85	/							/						/	2581898	
26		86		/						/				/			2579427	
27		87						bskin		/				/			25602546	
28		88						SR		/						/	2568470	
29		89	/							/						/	2531968	
30		90			/					/				/			27641141	
31		91	/							/				/			53566887	
32		92						paso		/						/	25860341	
33		93						SR		/						/	2582421	
34		94				/				/						/	25605090	
35		95			/					/				/			2584014	
36		96	/							/				/			25604076	
37		97		/						/				/			53578544	
38		98						SR		/				/			25611688	
39		99			/					/				/			25653123	
40		4700						SR		/				/			2587383	
41		01						bskin		/						/	25653325	
42		02						paso		/						/	25616631	
43		03				/				/				/			2586115	
44		04	/							/				/			25613716	
45	↓	05	/							/						/	2570337	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 [redacted] C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPE[redacted] ed in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1043

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160
NM-11131

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	4706						SR		/						/	25606334	
17		07						SR		/						/	25607152	
18		08						SR		/						/	25786087	
19		09			/					/				/			25609044	
20		10	/							/						/	25601981	
21		11	/							/				/			25602115	
22		12	/							/						/	25603881	
23		13			/					/						/	25602591	
24		14						bsun		/						/	25603579	
25		15	/							/						/	25580839	
26		16	/							/						/	25703?4	
27		17	/							/						/	25777?8	
28		18	/							/						/	25603446	
29		19	/							/				/			25602743	
30		20				/				/						/	25600639	
31		21	/							/				/			25853?5	
32		22	/							/				/			25652662	
33		23				/				/						/	25860643	
34		24	/							/						/	53?16870	
35		25	/							/						/	25609135	
36		26	/							/						/	25787?63	
37		27	/							/						/	25895?5	
38		28						SR		/						/	25696?04	
39		29	/							/						/	25604860	
40		30						bsun		/				/			25602499	
41		31						bsun		/						/	25857?9	
42		32		/						/						/	53396?81	
43		33	/							/						/	25807?3	
44		34	/							/						/	25600589	
45	↓	35	/							/						/	25602630	

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SIGNATURE OF OWNER/SHIPP... ...orm is true and correct to the best of my knowledge.)

[redacted]

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1044

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO. 0579-0160
NM-11131

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	4736	/							/				/			2562830	
17		37	/							/				/			2566014	
18		38		/						/						/	2583695	
19		39						aun		/						/	2580900	
20		40		/						/						/	2584224	
21		41				/				/				/			2588212	
22		42	/							/				/			2569101	
23		43						bskin		/						/	2568994	
24		44						palo		/				/			2581364	
25		45	/							/						/	2580768	
26		46	/							/						/	2581506	
27		47	/							/				/			2580508	
28		48			/					/				/			2563525	
29		49	/							/						/	2570204	
30		50				/				/				/			2580374	
31		51		/						/						/	2587901	
32		52	/							/						/	2588249	
33		53		/						/				/			2580939	
34																		
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36																		
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SIGNATURE OF OWNER/SHIPPE [redacted] s form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

PAGE 6 OF 6

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 3503A0329
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 23-FEB-10
End: 23-FEB-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: HEALTH CERT# 10-NM-005
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
23-FEB-10	$ 51.00	Check	1142

BERTHA RUIZ-PACHECO
C. PODERES DE LA UNION 5119
CD JUAREZ, 32650 CHIHUAHUA
MEXICO

88-6/1120 2936
7191160071

1142

Date 2.19.2010

Pay to the Order of U.S.D.A $51.00

(FIFTY ONE 00/ Dollars

Wells Fargo Bank, N.A.
500 N. Zaragosa Rd., Ste. Z
El Paso, TX 79907
wellsfargo.com

Memo # 3503A0329

(b)(4)

(b)(6)

MP

be issued by the USDA, APHIS
your payment to: USDA/APHIS,

: a US postal Money Order, the
ired. If you have any

APHIS FORM 81 (REV. 10/96) AUTOMATED

Produced by ITC

GC

USDA

Veterinary Services
National Center for Import and Export

Health Certificate No. 10-NM-005
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

(Delete as appropriate /*Remueva lo que no aplique)*

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.][

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][

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

Walter F. Houp
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6)

2/18/10
Signature of Acc erinarian and Date
Firma del Médico io Acreditado y Fecha

(b)(6)

2/19/10
eterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

(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).*

Mexico, Slaughter horse HC

H3503A0324

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. LO-NM-005
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas,NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
   Nombre y Dirección del Importador: Carnicos De Jerez
   Jerez,Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
985170000470402	Gelding	6	459245	Mare	7
514758	Gelding	8	474465	Mare	5
464152	Mare	6	513490	Mare	6
475824	Mare	8	452039	Mare	5
451295	Mare	7	573252	Gelding	8
459287	Mare	4	471477	Mare	6
472965	Gelding	6	460120	Gelding	6
473361	Gelding	5	574799	Gelding	5
462145	Mare	5	575368	Gelding	7
475587	Mare	8	447120	Mare	5
475587	Mare	4	470625	Gelding	4
452466	Mare	7	462045	Mare	7
574446	Gelding	6	462356	Gelding	6
470823	Mare	5	461178	Mare	8
514315	Mare	8	470997	Mare	5
448265	Gelding	7	474731	Gelding	8

FOIA 12-02308 PT-5 Pg. 1048

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-005
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
458901	Gelding	6	514689	Gelding	7
563702	Mare	5	451068	Gelding	5
470595	Mare	7	515484	Gelding	6
473672	Mare	4	453066	Mare	7
470817	Mare	6	473461	Mare	5
516863	Mare	5	576205	Mare	5
470783	Mare	7	473115	Mare	8
447237	Mare	4	462398	Mare	7
470889	Mare	8	463774	Gelding	6
456390	Mare	5	451573	Mare	4
472349	Gelding	4	474171	Gelding	8
475597	Mare	6	470210	Gelding	4
474908	Mare	7	575630	Gelding	7
515579	Mare	5	470156	Mare	5
541007	Gelding	7	471958	Gelding	6
512815	Gelding	3	472555	Gelding	8
473260	Gelding	4	475003	Gelding	6
514185	Mare	8	575122	Gelding	8
448874	Gelding	6	451743	Gelding	7
475156	Mare	5	463284	Gelding	6
472262	Mare	7	463896	Gelding	7
461917	Mare	9	454591	Mare	5
471124	Mare	6	460545	Gelding	6
474868	Gelding	6	466601	Gelding	7
474291	Mare	5	473057	Mare	5
461570	Gelding	8	470598	Gelding	6
512745	Gelding	5	473478	Gelding	7
474662	Gelding	7	473149	Gelding	8
471519	Mare	6	452048	Mare	6
473126	Gelding	9	545807	Mare	7
471786	Mare	8	475732	Gelding	5
470470	Mare	5	471189	Mare	8
463202	Mare	7	472203	Mare	5
471229	Mare	6	458720	Mare	7
463173	Mare	8	472182	Mare	5
473505	Mare	5	514631	Mare	5
471492	Mare	7	449659	Gelding	7
471755	Mare	6	448932	Gelding	5
475297	Gelding	6	473939	Mare	8
471846	Gelding	5	451732	Gelding	7

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-005
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
475258	Gelding	6	449735	Gelding	7
472348	Mare	4	459255	Mare	5
449347	Mare	6	451989	Mare	5
474788	Gelding	5	461640	Mare	8
461487	Gelding	7	472732	Gelding	5
564128	Mare	5	471181	Mare	7
473150	Mare	6	470933	Mare	6
563466	Gelding	7	460125	Mare	5
556850	Gelding	5	472908	Gelding	7
454085	Mare	6	471093	Mare	6
512505	Mare	8	474944	Gelding	8
459799	Gelding	6	574608	Gelding	6
447285	Gelding	5	474707	Gelding	7
473306	Mare	7	577074	Mare	7
464155	Mare	6	575015	Mare	8
470762	Gelding	5	455194	Mare	5
450426	Mare	6	564188	Mare	6
461784	Mare	4	577450	Mare	5
447623	Mare	8	474988	Gelding	6
562303	Gelding	5	449155	Mare	5
452123	Mare	7	473689	Mare	6
472873	Mare	4	470611	Gelding	8
476006	Mare	8			
473170	Gelding	5			
470799	Gelding	6			
461982	Gelding	3			
474448	Mare	7			
513368	Gelding	4			
471591	Gelding	8			
518238	Gelding	6			
475482	Mare	5			
462723	Gelding	5			
471146	Mare	6			
474673	Mare	5			
464187	Mare	6			
472997	Mare	7			
470186	Mare	5			
470118	Mare	9			
474390	Mare	5			
475854	Mare	8			

USDA

VS
Veterinary Services

National Center for
Import and Export

Health Certificate No. 10-NM-005
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* February 18th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

FOIA 12-02308 PT-5 Pg. 1051

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-005
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

AFFIDAVIT
DECLARACIÓN JURADA

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # 10-NM-005 have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número 10-NM-005 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.
Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter [redacted] 2/18/10
Fecha y firma del exportador

Date and signature of the Notary Publi[redacted] 2/18/10
Fecha y firma del Notario Publico

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Exp: 11/27/11

Mexico, Slaughter horse HC

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

10-NM-005

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7574		/						/				/			459245	
17		75		/						/				/			474465	
18		76		/						/				/			513490	
19		77						palo		/				/			452039	
20		78	/							/						/	573252	
21		79	/							/				/			471477	
22		80						SR					mule			/	460120	
23		81			/					/						/	574799	
24		82						SR		/						/	575368	
25		83		/						/				/			447120	
26		84						SR		/						/	470625	
27		85						SR		/				/			462045	
28		86						SR		/						/	462356	
29		87	/							/				/			461178	
30		88	/							/				/			470997	
31		89		/						/						/	474731	
32		90						SR		/						/	458901	
33		91						SR		/				/			563702	
34		92						SR		/				/			470595	
35		93				/				/				/			473672	
36		94						SR		/				/			470817	
37		95						SR		/				/			516863	
38		96	/							/				/			470783	
39		97				/				/				/			447237	
40		98						SR		/				/			470889	
41		99		/						/				/			456390	
42		7600				/				/						/	472349	
43		01						SR		/				/			475597	
44		02						SR		/				/			474908	
45		03	/							/				/			515579	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY US[redacted] OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN [redacted] 01).

SIGNATURE OF OWNER/SHIPPER(I ce[redacted] true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-005

TIME HORSES LOADED ON CONVEYANCE: 3:00pm	DATE: 2/18/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico	
VEHICLE LICENSE NO. AND DRIVER'S NAME: J&J Trucking - 723 & 22	NAME OF AUCTION/MARKET: Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco
STREET ADDRESS: 24 Dalies Rd	STREET ADDRESS: Carnicos de Jerez
CITY, STATE, ZIP CODE: Los Lunas, NM 87031	CITY, STATE, ZIP CODE: Jerez, Zacatecas MX
AREA CODE & TELEPHONE NO.: 505-865-4600	AREA CODE & TELEPHONE NO.: 915-252-6614

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFH	7559		/						/						/	985170000470402	
2		60	/							/						/	514758	
3		61			/					/				/			464152	
4		62		/						/				/			475824	
5		63	/							/				/			451245	
6		64						SR		/				/			459287	
7		65						SR		/						/	472965	
8		66						SR		/						/	473361	
9		67						palo		/				/			462145	
10		68	/							/				/			475587	
11		69		/						/				/			452466	
12		70	/							/						/	574446	
13		71						SR		/				/			470823	
14		72						SR		/				/			514315	
15		73		/						/						/	448265	

HORSES HAVE HAD ACCES[redacted]R A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEF[redacted]

SIGNATURE

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

SIGNATURE OF OWNER[redacted] contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG[redacted] Previous editions are obslete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-005

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	71004				/				/				-		/	541007	
17		05	/							/						/	512815	
18		06				/				/						/	473260	
19		07						SR		/				/			514185	
20		08						poss		/						/	448874	
21		09			/					/				/			475156	
22		10						SR		/				/			472262	
23		11		/						/				/			461917	
24		12		/						/				/			471124	
25		13						SR		/						/	474868	
26		14						SR		/				/			474291	
27		15				/				/						/	461570	
28		16						SR		/						/	512745	
29		17						SR		/						/	474662	
30		18				/				/				/			471519	
31		19	/							/				-		/	473126	
32		20		/						/				/			471786	
33		21			/					/				/			470470	
34		22		/						/						/	448983	
35		23		/						/				/			470740	
36		24	/							/				/			463202	
37		25		/						/				/			471229	
38		26		/						/				/			463173	
39		27		/						/				/			473505	
40		28			/					/				/			471492	
41		29						roan		/				/			471755	
42		30						SR		/						/	475297	
43		31						SR		/						/	471846	
44		32	/							/						/	514689	
45		33	/							/						/	451068	

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SIGNATURE OF OWNER/SHIP[redacted] form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1055

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-A'01-003

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7634	/							/						/	515484	
17		35	/							/				/			4530606	
18		36						SR		/				/			473461	
19		37				/				/				/			576205	
20		38				/				/				/			473115	
21		39						SR					mule	/			462398	
22		40		/						/						/	463774	
23		41				/				/				/			451573	
24		42						dun		/						/	474171	
25		43	/							/						/	470210	
26		44				/				/						/	575630	
27		45				/				/				/			470156	
28		46						SR		/						/	471958	
29		47						roan		/						/	472555	
30		48						SR		/						/	475003	
31		49	/							/						/	575122	
32		50	/							/						/	451743	
33		51				/				/						/	463284	
34		52						SR		/						/	463896	
35		53						SR		/				/			454591	
36		54	/							/						/	460545	
37		55	/							/						/	466601	
38		56						SR		/				/			473057	
39		57	/							/						/	470598	
40		58						SR		/						/	473478	
41		59				/				/						/	473149	
42		60		/						/				/			452048	
3		61						SR		/				/			545807	
		62						SR		/						/	475732	
		63			/					/				/			471189	

BY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION S FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR NMENT FOR NO CTION 1001).

OF OWNER/ [redacted] (b)(6) this form is true and correct to the best of my knowledge.)

PAGE 4 OF 7

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NAI-005

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	71064				/				/				/			472203	
17		65						SR		/				/			458720	
18		66		/						/				/			472182	
19		67	/							/				/			514631	
20		68						SR		/						/	449659	
21		69						SR		/						/	448932	
22		70						SR		/				/			473939	
23		71						DSKN		/						/	451732	
24		72						SR		/						/	475258	
25		73						DSKN		/				/			472348	
26		74						SR		/				/			449347	
27		75						SR		/						/	474788	
28		76						SR		/						/	4601487	
29		77						SR		/				/			5604128	
30		78			/					/				/			473150	
31		79						SR		/						/	5634606	
32		80						NDSN		/				-		/	550850	
33		81	/							/				/			454085	
34		82						SR		/				/			512505	
35		83						SR		/						/	459799	
36		84	/							/						/	447285	
37		85		/						/				/			473306	
38		86				/				/				/			4604155	
39		87			/					/						/	4707662	
40		88				/				/				/			4504216	
41		89	/							/				/			4601784	
42		90				/				/				/			4471623	
43		91	/							/						/	5602303	
44		92						SR		/				/			452123	
45	↓	93						NDSN		/				/			472873	

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SIGNATURE OF OWNER [redacted] ned in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1057

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-005

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7694						SR		/				/			4760006	
17		95						SR		/						/	473170	
18		96				/				/				-		/	470799	
19		97		/						/						/	461982	
20		98		/						/				/			474448	
21		99						SR					mule			/	513368	
22		7700						b.skin		/						/	471591	
23		01	/							/						/	518238	
24		02				/				/				/			475482	
25		03						SR		/						/	462723	
26		04				/				/				/			471146	
27		05		/						/				/			474673	
28		06				/				/				/			464187	
29		07						SR		/				/			472997	
30		08	/							/				/			470186	
31		09	/							/				/			470118	
32		10				/				/				/			474390	
33		11			/					/				/			475854	
34		12		/						/						/	449735	
35		13	/							/				/			459255	
36		14				/				/				/			451989	
37		15						SR		/				/			461640	
38		16	/										mule			/	472732	
39		17								/				/			471181	
40		18						b.skin		/				/			470933	
41		19				/				/				/			460125	
42		20		/						/						/	472908	
43		21	/							/				/			471093	
44		22				/				/						/	474944	
45		23						SR		/						/	574608	

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SIGNATURE OF OWNER/SHIPPER [redacted] s true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE 1 OF 1

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-003

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7724						SR		/						/	474707	
17		3316	/							/				/			577074	
18		17				/			/					/			575015	
19		18	/						/					/			455194	
20		49	/						/					/			564188	
21		50	/							/				/			577450	
22		7428						SR	/				Mule			/	474988	
23		606			/					/				/			449155	
24		68				/				/				/			473689	
25		83						SR		/						/	470611	
26																		
27																		
28																		
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(b)(6)

SIGNATURE OF OWNER/SHIPPER(I ce e and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1059

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 3503A0300
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 08-FEB-10
End: 08-FEB-10
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: HEALTH CERTIFICATE NO. 10-NM-003
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM87031

Nfc Id
9999999999V

Payment Information

Date	Amount	Payment Type	Account/Check #
08-FEB-10	$ 51.00	Money Order	14-038385817

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW
WESTERN UNION | MONEY ORDER
WESTERN UNION FINANCIAL SERVICES INC. - ISSUER
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado Englewood, Colorado

14-038385817

A 614483 D 020310
T 1911 45
140383858172 L 000435 $ 51.00

#3503A0300
PAY EXACTLY FIFTY-ONE DOLLARS AND NO CEN[redacted]
PAY TO THE ORDER OF U. S. D. A.
PURCHASER'S ADDRESS

⑆102100400⑆ 4014038385817 2⑈

. be issued by the USDA, APHIS
. your payment to: USDA/APHIS,

or a US postal Money Order, the
eared. If you have any

APHIS FORM 81 (REV. 10/96) AUTOMATED

Produced by ITC

GC

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-003
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchideos.

1. Name and Address of Exporter: / *Nombre y Dirección del Exportador:*
   Dennis Chavez
   24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: / *Nombre y Dirección del Importador:*
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
985170000471776	Gelding	6	450051	Mare	7
455268	Mare	5	458266	Gelding	5
464361	Gelding	7	456812	Mare	7
475693	Gelding	4	474004	Mare	5
463755	Gelding	7	452759	Mare	7
452890	Gelding	9	576542	Mare	9
470480	Mare	6	475586	Gelding	7
451899	Mare	7	470423	Mare	6
459037	Mare	5	540447	Mare	9
573413	Gelding	5	474524	Mare	7
516571	Gelding	7	514708	Mare	6
562916	Mare	5	449577	Mare	8
545536	Gelding	5	473519	Mare	7
476242	Gelding	6	541190	Mare	6
474640	Gelding	5	476185	Gelding	6
576088	Mare	7	451128	Mare	8
458239	Mare	6	459860	Mare	6
518315	Gelding	4	474916	Mare	5
447347	Gelding	8	573262	Mare	7
471871	Gelding	7	476213	Gelding	6

#3503A0800

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 12-NM-003
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
574768	Gelding	7	474912	Gelding	8
455628	Gelding	5	473322	Gelding	7
576436	Mare	6	473045	Gelding	6
454323	Mare	8	472804	Mare	4
475333	Mare	5	471076	Mare	8
473093	Mare	7	474256	Mare	6
460056	Mare	5	514754	Mare	5
470877	Gelding	6	545768	Gelding	6
563994	Mare	8	462499	Mare	7
451587	Mare	7	576152	Gelding	5
470129	Mare	6	573820	Mare	4
475010	Gelding	5	449254	Mare	7
575926	Mare	8	472884	Gelding	6
474629	Mare	5	461513	Mare	9
455762	Gelding	8	475154	Mare	6
463195	Gelding	6	458191	Mare	8
475583	Gelding	6	515043	Gelding	6
453469	Mare	7	451051	Mare	7
470775	Mare	6	474478	Mare	4
447724	Mare	4	471410	Mare	6
573952	Mare	7	463306	Gelding	7
342500	Mare	5	451573	Mare	6
461726	Mare	8	473991	Gelding	5
474039	Mare	6	475344	Mare	6
575945	Mare	7	562672	Mare	6
562602	Mare	6	457445	Gelding	4
462014	Mare	8	474247	Mare	8
471237	Gelding	5	462903	Gelding	7
461273	Gelding	7	450757	Gelding	5
513204	Mare	6	448874	Gelding	7
449434	Mare	8	456668	Mare	5
472045	Gelding	5	541572	Gelding	5
449005	Mare	6	577024	Mare	6
463495	Gelding	7	574701	Mare	7
453506	Gelding	6	472071	Mare	6
471372	Mare	8	452001	Gelding	5
456220	Gelding	5	463319	Gelding	7
473216	Mare	6	517253	Gelding	6
470527	Gelding	7	461975	Mare	8
454504	Mare	6	454134	Gelding	7
475352	Mare	7	476222	Mare	6
473033	Mare	8	475637	Mare	5
372060	Gelding	7	474045	Mare	6
470172	Mare	8	458373	Gelding	7
452429	Gelding	7	475369	Mare	9
472798	Mare	6	576137	Gelding	6
577465	Mare	8	476015	Mare	5
363284	Mare	4	460214	Mare	7
463592	Mare	7	374415	Gelding	7

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. 10-NM-003
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
513980	Gelding	7			
447074	Gelding	6			
452357	Gelding	5			
382551	Gelding	6			
576259	Mare	5			
381234	Mare	6			
574340	Mare	5			
472337	Gelding	7			
576468	Gelding	8			
470122	Mare	6			
472411	Gelding	5			
449032	Mare	5			
462212	Gelding	5			
338189	Gelding	7			
448554	Gelding	6			
476111	Mare	8			

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* January 4th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

FOIA 12-02308 PT-5 Pg. 1063

USDA

Veterinary Services
National Center for
Import and Export

Health Certificate No. 10-NM-003
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate /*Remueva lo que no aplique)*

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.][

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][

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

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6) 2/04/2010
Signature of Accr inarian and Date
Firma del Médico Veterinario Acreditado y Fecha

(b)(6) 2/5/10
terinarian
Firma del Médico Veterinario que endosa y Fecha

(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).*

Mexico, Slaughter horse HC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. 10-NM-003
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

AFFIDAVIT
DECLARACIÓN JURADA

I. Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # _____ have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número _____ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.
   Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
   Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.
   Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter (b)(6) 2-4-2010
Fecha y firma del exportador

Date and signature of the Notary Pub (b)(6) 4-2010
Fecha y firma del Notario Publico

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/27/11

Mexico, Slaughter horse HC

C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 154 head of horses;

tagged 7201 thru 7354 and ----------.

inspected today to accompany Health Certificate No. ———— are in good health and not of Kentucky origin.

(6)(6)

C.Y. Brasmer DVM

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-003

TIME HORSES LOADED ON CONVEYANCE: 3:00pm	DATE: 2-4-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico	
VEHICLE LICENSE NO. AND DRIVER'S NAME: D3J Trucking #22 3723	NAME OF AUCTION/MARKET: Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco
STREET ADDRESS: 24 Dalies Rd	STREET ADDRESS: Carnicos de Jerez
CITY, STATE, ZIP CODE: Los Lunas, nm 87031	CITY, STATE, ZIP CODE: Jerez, Zacatecas MX
AREA CODE & TELEPHONE NO.: 505-865-4600	AREA CODE & TELEPHONE NO.: 915-252-6614

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFH	7201				/				/						/	985170000471776	
2		02						Palo		/				/			4552168	
3		03						Palo		/						/	4643161	
4		04	/							/						/	4751693	
5		05				/				/						/	4603755	
6		06						QDP					mule			/	452890	
7		07						SR		/				/			470480	
8		08						SR		/				/			451899	
9		09	/							/				/			459037	
10		10			/					/						/	573413	
11		11						SR		/						/	516571	
12		12		/						/				/			5629116	
13		13		/						/						/	545536	
14		14						SR	/							/	476242	
15		15						QPP		/						/	474640	

HORSES HAVE HA[redacted] REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIAT[redacted] YANCE.

SIGNATURE [redacted] (b)(6)

I HEREBY AUTHO[redacted] DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

SIGNATURE [redacted] (b)(6) information contained in this form is true and correct to the best of my

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10- Previous editions are obslete

PART 1 - INSPECTOR

FOIA 12-02308 PT-5 Pg. 1067

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

12-NM-003

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	7216				/		•		/				/			576088	
17		17	/							/				/			458239	
18		18					SR			/						/	518315	
19		19						SR		/				-		/	447347	
20		20			/					/						/	471871	
21		21						paco		/				/			450051	
22		22			/					/						/	4582606	
23		23						SR		/				/			4568602	
24		24						SR		/				/			474004	
25		25				/				/				/			452759	
26		26	/							/				/			576542	
27		27	/							/						/	475586	
28		28						SR		/				/			470423	
29		29						SR		/				/			540447	
30		30				/				/				/			474524	
31		31	/							/				/			514708	
32		32			/					/				/			449577	
33		33		/						/				/			473519	
34		34						SR		/				/			541190	
35		35						SR		/						/	4760185	
36		36		/						/				/			451128	
37		37				/				/				/			459860	
38		38	/							/				/			474916	
39		39				/				/				/			573262	
40		40	/							/						/	476213	
41		41		/						/						/	5747608	
42		42				/				/						/	4556028	
43		43						b.skin		/				/			576436	
44		44						SR		/				/			454323	
45	↓	45						SR		/				/			475333	

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SIGNATURE OF OWNER[redacted] ed in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1068

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-003

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7246	/							/				/			473093	
17		47		/						/				/			460056	
18		48						SR		/						/	470877	
19		49						SR		/				/			563994	
20		50	/							/				/			451587	
21		51	/							/				/			470129	
22		52						SR		/						/	475010	
23		53	/							/				/			575926	
24		54						b.skin		/				/			474629	
25		55				/				/						/	455762	
26		56	/							/						/	463195	
27		57		/						/						/	475583	
28		58				/				/				/			453469	
29		59	/							/				/			470775	
30		60						dun		/				/			447724	
31		61						SR		/				/			573952	
32		62		/									mule	/			342500	
33		63		/						/				/			461726	
34		64						SR		/				/			474639	
35		65				/				/				/			575945	
36		66	/							/				/			562602	
37		67						SR		/				/			462014	
38		68			/					/						/	471237	
39		69	/							/						/	461273	
40		70						SR		/				/			513204	
41		71		/									mule	/			449434	
42		72				/				/						/	472045	
43		73						SR		/				/			449005	
44		74		/						/						/	463495	
45	↓	75	/							/						/	453506	

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(b)(6)

SIGNATURE OF OWNER/SHIPPER(I c[redacted] d correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1069

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

10-NM-003

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	7276		/						/				/			471372	
17		77	/							/						/	456220	
18		78			/					/				/			473216	
19		79						QQP		/						/	470527	
20		80		/						/				/			454504	
21		81						SR		/				/			475352	
22		82		/						/				/			473033	
23		83						QQP		/						/	372060	
24		84						SR		/				/			470172	
25		85	/							/						/	452429	
26		86						SR		/				/			472798	
27		87	/							/				/			577465	
28		88				/				/				/			363384	
29		89						SR		/				/			463592	
30		90	/							/						/	474912	
31		91						SR		/						/	473322	
32		92		/						/						/	473045	
33		93						QQP		/				/			472804	
34		94						SR		/				/			471076	
35		95	/							/				/			474256	
36		96			/					/				/			514754	
37		97		/						/						/	545768	
38		98						SR		/				/			462499	
39		99				/				/						/	476152	
40		7300	/							/				/			573820	
41		01	/							/				/			449254	
42		02	/							/						/	472884	
43		03						QUN		/				/			461513	
44		04	/							/				/			475154	
45	↓	05						QUN		/				/			458191	

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SIGNATURE OF OWNER/SHIPPER(I cert[redacted]ct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1070

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

10-NM-003

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7306		/						/						/	515043	
17		07		/						/				/			451051	
18		08			/					/				/			474478	
19		09						SR		/				/			471410	
20		10	/							/						/	4633066	
21		11				/				/				/			451573	
22		12		/						/						/	473991	
23		13						dun		/				/			475344	
24		14				/				/				/			562672	
25		15				/				/						/	457445	
26		16	/							/				/			474247	
27		17	/							/						/	462903	
28		18						SR		/						/	450757	
29		19						palo		/						/	448874	
30		20						SR		/				/			456606 68	
31		21			/					/						/	541572	
32		22		/						/				/			577024	
33		23	/							/				/			574701	
34		24	/							/				/			472071	
35		25						SR		/						/	452001	
36		26	/							/						/	463319	
37		27			/								mule			/	517253	
38		28						SR		/				/			461975	
39		29						SR		/						/	454134	
40		30						SR		/				/			476222	
41		31		/						/				/			475637	
42		32		/									mule	/			474045	
43		33		/						/						/	458373	
44		34		/						/				/			475369	
45	↓	35		/						/						/	576137	

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(b)(6)

SIGNATURE OF OWNER/SHIP [redacted] e and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1071

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in Ink)

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FORM APPROVED OMB NO. 0579-0160

10-NM-003

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	73316		/						/				/			476015	
17		37	/							/				/			460284	
18		38				/				/						/	374415	
19		39						SR		/						/	513980	
20		40				/				/						/	447074	
21		41		/						/						/	452357	
22		42				/				/						/	382551	
23		43						SR		/				/			576259	
24		44	/							/				/			381234	
25		45						SR		/				/			574340	
26		46		/						/						/	472337	
27		47				/				/						/	5716468	
28		48						SR		/				/			470122	
29		49						SR		/						/	472411	
30		50						SR		/				/			449032	
31		51		/						/						/	462212	
32		52						SR		/						/	338189	
33		53						SR		/						/	448554	
34	↓	54				/				/				/			476111	
35																		
36																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 MO[redacted]1).

SIGNATURE OF OWNER/SHIP[redacted] rue and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE 6 OF 6

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 3503A0315
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 17-FEB-10
End: 17-FEB-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

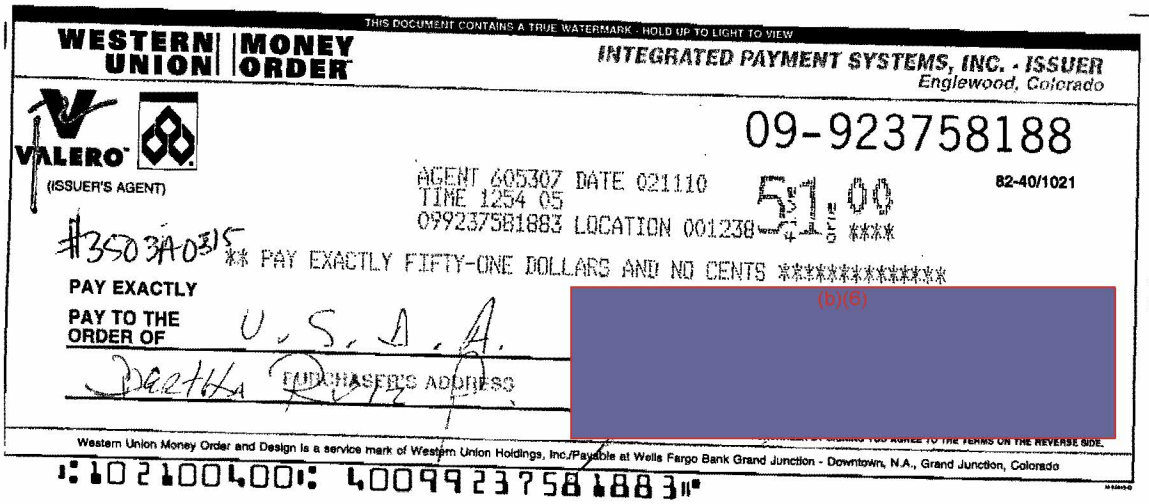
Total Due $ 51.00

Remarks: HEALTH CERT.#10-NM-004
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
17-FEB-10	$ 51.00	Money Order	09-923758188


THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW
WESTERN UNION MONEY ORDER
INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado
VALERO (ISSUER'S AGENT)
09-923758188
AGENT 60530Z DATE 021110
TIME 1254 05
09923758188 3 LOCATION 001238
51.00
82-40/1021
#3503A0315 ** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS **********
PAY EXACTLY
PAY TO THE ORDER OF U.S.D.A.
PURCHASER'S ADDRESS
(b)(6)
Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado
⑆102100400⑆ 4009923758188 3⑈

be issued by the USDA, APHIS
your payment to: USDA/APHIS,

r a US postal Money Order, the
ared. If you have any

APHIS FORM 81 (REV. 10/96) AUTOMATED

Produced by ITC

GC

USDA

Veterinary Services
National Center for
Import and Export

Health Certificate No. 10-NM-004
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate */Remueva lo que no aplique)*

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.][

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][

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

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6)

2/11/2010
Signature of Accre narian and Date
Firma del Médico Acreditado y Fecha

(b)(6)

2/12/10
arian
Firma del Médico Veterinario que endosa y Fecha

(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).*

Mexico, Slaughter horse HC

#3503A0315

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-004
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: / *Nombre y Dirección del Exportador:*
   Dennis Chavez
   24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: / *Nombre y Dirección del Importador:*
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
985170000473012	Mare	7	471014	Mare	7
472442	Gelding	5	454387	Mare	6
463594	Mare	5	453925	Mare	6
461198	Gelding	5	457791	Gelding	5
472553	Mare	8	576737	Mare	7
517459	Gelding	5	471506	Mare	6
454594	Gelding	7	470806	Gelding	8
516816	Mare	6	474988	Gelding	7
474385	Mare	7	455278	Gelding	6
462628	Gelding	5	460046	Gelding	6
471234	Mare	7	453038	Mare	7
472462	Mare	9	454293	Mare	5
453981	Mare	6	515126	Mare	8
513389	Gelding	7	458608	Mare	6
515049	Mare	6	461840	Gelding	5
457320	Gelding	4	475634	Mare	7
576531	Gelding	8	576855	Gelding	9
472888	Mare	7	474864	Mare	6
564509	Mare	6	473562	Gelding	7
450520	Mare	8	574498	Mare	6

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USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-004
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
447859	Mare	6	513147	Mare	7
464551	Gelding	7	474309	Mare	6
474046	Gelding	8	473406	Gelding	8
576412	Mare	6	447885	Gelding	7
458189	Mare	7	517994	Gelding	6
463271	Gelding	8	451519	Mare	8
476238	Mare	6	447647	Mare	7
472768	Gelding	7	472966	Mare	6
463777	Mare	7	462652	Mare	7
447241	Mare	5	460030	Gelding	8
471815	Mare	9	451234	Mare	6
574925	Mare	6	476052	Mare	7
473870	Gelding	5	455999	Mare	5
460912	Gelding	5	475464	Gelding	5
451921	Mare	7	473533	Mare	7
471553	Gelding	6	516128	Gelding	4
472292	Gelding	8	518328	Mare	6
449843	Mare	6	456169	Gelding	6
461389	Mare	7	451158	Mare	6
512680	Geldng	5	475502 451724	Gelding	6
449305	Gelding	6	473417	Mare	4
475260	Mare	7	461877	Mare	7
470607	Mare	9	452798	Mare	5
576834	Mare	5	575854	Mare	6
454947	Mare	7	472459	Mare	7
449155	Gelding	5	462662	Mare	5
474205	Gelding	4	563943	Gelding	8
473689	Gelding	6	458093	Gelding	5
472633	Mare	8	472158	Gelding	7
451499	Mare	5	460966	Mare	6
450635	Mare	7	459313	Mare	7
473004	Mare	5	575519	Gelding	7
474902	Gelding	6	470269	Gelding	6
471257	Mare	7	472031	Mare	8
450687	Mare	6	475303	Gelding	8
473907	Gelding	6	517812	Mare	7
447816	Mare	7	456900	Mare	7
464243	Mare	5	471625	Gelding	8
464445	Gelding	5	471434	Gelding	5
454638	Mare	7	460368	Mare	7
460401	Mare	5	447908	Mare	4
455832	Gelding	6	476036	Mare	6
470611	Gelding	7	474489	Mare	8
458149	Gelding	5	472771	Mare	9
516570	Mare	6	516021	Mare	7
453027	Gelding	6	471331	Gelding	7
464496	Mare	8	464339	Gelding	6
471887	Gelding	7	449909	Mare	7

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-004
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
450178	Gelding	7	451425	Mare	7
474239	Gelding	6	471444	Gelding	6
472356	Mare	5	472108	Gelding	7
471103	Gelding	7	475470	Mare	5
464556	Gelding	6	450056	Mare	7
449147	Mare	5	513054	Mare	6
474012	Gelding	7	577074	Mare	7
461028	Gelding	4	575015	Mare	6
470891	Gelding	7			
470906	Gelding	6			
515088	Gelding	7			
452461	Gelding	5			
449243	Mare	6			
470452	Mare	7			
460228	Gelding	8			
472006	Mare	7			

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* February 11th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

FOIA 12-02308 PT-5 Pg. 1077

USDA

Veterinary Services
National Center for Import and Export

Health Certificate No. 10-NM-004
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

AFFIDAVIT
DECLARACIÓN JURADA

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # _____ have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número _____ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.
   Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
   Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.
   Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter [redacted] 2/11/10
Fecha y firma del exportador

Date and signature of the Notary Public [redacted] 2/11/10
Fecha y firma del Notario Publico

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/27/11

Mexico, Slaughter horse HC

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

10-VAL-004

TIME HORSES LOADED ON CONVEYANCE: 1:00pm	DATE: 2-11-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico	
VEHICLE LICENSE NO. AND DRIVER'S NAME: J&J Trucking: 723-22	NAME OF AUCTION/MARKET: Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco
STREET ADDRESS: 24 Dalies Rd	STREET ADDRESS: Carnicos de Jerez
CITY, STATE, ZIP CODE: Los Lunas, nm 87031	CITY, STATE, ZIP CODE: Jerez, Zacatecas mx
AREA CODE & TELEPHONE NO.: 505-865-4600	AREA CODE & TELEPHONE NO.: 915-252-6614

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFH	7401		/						/				/			495176	00473012
2		02		/						/						/	472442	
3		03				/				/				/			463524	
4		04				/				/						/	461198	
5		05						sr		/				/			472553	
6		06						pinto		/						/	517459	
7		07						dun		/						/	454534	
8		08		/						/				/			516816	
9		09				/				/				/			474335	
10		10				/				/						/	462628	
11		11		/						/				/			471234	
12		12						sr		/				/			472462	
13		13		/						/				/			453181	
14		14				/				/						/	513389	
15		15						pinto		/				/			515419	

HORSES HAVE HAD ACCESS T[redacted]UM OF 6 CONSEGUTIVE HOURS IMMEDIATELY BEFORE[redacted]

SIGNATURE [redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

I HEREBY AUTHORIZE THE C[redacted]THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

SIGNATURE OF O[redacted] (b)(6) ntained in this form is true and correct to the best of my know[redacted]

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 Previous editions are obsolete

FOIA 12-02308 PT-5 Pg. 1079

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

10-NM-005

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	74116						SR		/						/	457320	
17		17						SR		/						/	576531	
18		18						DWD		/				/			472838	
19		19	/							/				/			564509	
20		20						SR		/				/			450520	
21		21						SR		/				/			471014	
22		22						SR		/				/			454387	
23		23						SR		/				/			453925	
24		24						SR		/						/	457791	
25		25						SR		/				/			576737	
26		26						SR		/				/			471506	
27		27				/				/						/	470306	
28		28						SR					mule			/	474988	
29		29		/						/						/	455278	
30		30						SR		/						/	460046	
31		31						POD		/				/			453038	
32		32						SR		/				/			454293	
33		33	/							/				/			515126	
34		34						SR		/				/			458608	
35		35			/					/						/	461840	
36		36		/						/				/			475034	
37		37						SR		/						/	576855	
38		38						SR		/				/			474864	
39		39						SR					mule			/	473562	
40		40	/							/				/			574498	
41		41						SR		/				/			447859	
42		42		/						/						/	464551	
43		43		/						/						/	474046	
44		44						SR		/				/			576412	
45		45		/						/				/			458189	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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).

SIGNATURE OF OWNER/SHIPPER (b)(6) s form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1080

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

10-NM-004

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	74416			/					/						/	463271	
17		47		/						/				/			476233	
18		48		/						/						/	472768	
19		49	/							/				/			463777	
20		50	/							/				/			447241	
21		51						grullo		/				/			471815	
22		52			/					/				/			574925	
23		53	/							/						/	473370	
24		54	/							/						/	460912	
25		55		/						/				/			451921	
26		56						SR		/						/	471553	
27		57					/			/						/	472292	
28		58		/						/				/			449843	
29		59		/						/				/			461339	
30		60		/						/						/	512680	
31		61		/						/						/	449305	
32		62		/						/				/			475260	
33		63				/				/				/			470607	
34		64		/						/				/			576834	
35		65		/						/				/			454947	
36		66			/					/				/			449155	
37		67						SR		/						/	474205	
38		68				/				/						/	473689	
39		69	/							/				/			472633	
40		70		/						/				/			451499	
41		71		/						/				/			450635	
42		72		/						/				/			473004	
43		73	/							/						/	474902	
44		74	/							/				/			471257	
45		75						SR		/				/			450687	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 THA[redacted] N 1001).

SIGNATURE OF OWNER/SHIPPER(I c[redacted] rm is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1081

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-004

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7476	/							/						/	473907	
17		77		/						/				/			447816	
18		78	/							/				/			464243	
19		79		/						/						/	464445	
20		80						SR	/					/			454638	
21		81			/					/				/			460401	
22		82				/				/						/	455832	
23		83						SR		/						/	470611	
24		84						PR10		/						/	458149	
25		85			/					/				/			516570	
26		86					/			/						/	453027	
27		87	/							/				/			464496	
28		88	/							/						/	471887	
29		89	/							/				/			513147	
30		90						SR		/				/			474309	
31		91						SR		/						/	473406	
32		92						APP		/						/	447885	
33		93						PR10		/						/	517994	
34		94			/					/				/			451519	
35		95		/						/				/			447647	
36		96		/						/				/			472966	
37		97	/							/				/			462652	
38		98		/						/						/	466030	
39		99		/						/				/			451234	
40		7500						SR		/				/			476052	
41		01				/				/				/			455499	
42		02		/						/						/	475464	
43		03	/							/				/			473533	
44		04		/						/						/	516128	
45		05	/							/				/			518328	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 [redacted] (b)(6) N 1001).

SIGNATURE OF OWNER/SHIPPER(I cer [redacted] rm is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1082

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160
10-NOV-00

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF#1	7506		/						/						/	4561169	
17		07			/					/				/			451153	
18		08						DTOOM		/						/	475502	451724
19		09	/							/				/			473417	
20		10			/					/				/			461877	
21		11	/							/				/			452798	
22		12		/						/				/			575854	
23		13						SR		/				/			472459	
24		14						SR		/				/			4626062	
25		15	/							/						/	5163943	
26		16						SR		/						/	458093	
27		17						DSKIN		/						/	472158	
28		18						SR		/				/			4609666	
29		19		/						/				/			459313	
30		20	/							/						/	575519	
31		21						SR		/						/	4702469	
32		22		/						/				/			472031	
33		23	/							/						/	475303	
34		24				/				/				/			517812	
35		25		/						/				/			456900	
36		26		/						/						/	4711625	
37		27		/						/						/	471434	
38		28	/							/				/			4603668	
39		29						POSS		/				/			4617908	
40		30	/							/				/			476036	
41		31						SR		/				/			474489	
42		32			/					/				/			472771	
43		33						SR		/				/			516021	
44		34						SR		/						/	471331	
45	↓	35		/						/						/	4644339	

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SIGNATURE OF OWNER/S[redacted] ined in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1083

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

10-NM-009

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	3536			/					/				/			449909	
17		37						SR		/						/	450178	
18		38	/							/						/	474239	
19		39						POLL		/				/			472356	
20		40						SR		/						/	471103	
21		41		/						/						/	464556	
22		42						BROWN		/				/			449147	
23		43						POLL		/						/	474012	
24		44						GRAY		/						/	461028	
25		45		/						/						/	470891	
26		46						SR		/						/	470906	
27		47						POLL		/						/	515088	
28		48	/							/						/	452461	
29		49	/							/				/			449243	
30		50				/				/				/			470452	
31		51						R.ROAN		/						/	460228	
32		52						SR		/				/			472006	
33		53						SR		/				/			451425	
34		54				/				/						/	471444	
35		55			/					/						/	472108	
36		56		/						/				/			475470	
37		57		/						/				/			450056	
38		58		/						/				/			513054	
39		3316	/							/				/			577074	
40	↓	3317				/				/				/			575015	
41																		
42																		
43																		
44																		
45																		

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(b)(6)

SIGNATURE OF OWNE[redacted] ed in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1084

C.Y BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 160 head of horses:

Tagged 7401 thru 7558 and 3316,3317

Inspected today to accompany Health Certificate No. 10-NM-004 are in good

Health and not of Kentucky origin.



C.Y Brasmer DVM

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 350300260
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 22-JAN-10
End: 22-JAN-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: HEALTH CERT#10-NM-001
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
22-JAN-10	$ 51.00	Money Order	09-923758083

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

09-923758083

82-40/1021

VALERO (ISSUER'S AGENT)

AGENT 605307 DATE 012010
TIME 1341 07
09923758083O LOCATION 001238

51 00 ****

** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF U.S.D.A.

(b)(6)

THE REVERSE SIDE.

Colorado

Western Union Money Order and Design is a service mark of Western Union Ho

⑈102100400⑈ 40099237580830⑈

l be issued by the USDA, APHIS
l your payment to: USDA/APHIS,

or a US postal Money Order, the
eared. If you have any

APHIS FORM 81 (REV. 10/96) AUTOMATED

Produced by ITC

GC

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-001
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: *México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.*

1. Name and Address of Exporter: / *Nombre y Dirección del Exportador:*
   Dennis Chavez
   24 Dalies Rd
   Los Lunas,NM 87031
2. Name and Address of Importer: / *Nombre y Dirección del Importador:*
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez,Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
985170000363687	Mare	7	375866	Mare	7
355201	Mare	5	335938	Gelding	5
379368	Mare	4	333977	Gelding	8
360977	Mare	7	514861	Gelding	5
354005	Mare	9	375369	Mare	5
356047	Gelding	6	382638	Gelding	8
360619	Mare	8	358844	Mare	6
356495	Mare	6	343478	Mare	8
359708	Mare	9	376910	Gelding	4
377371	Mare	5	337009	Mare	7
351999	Mare	7	453268	Mare	5
379485	Mare	8	337913	Gelding	4
367427	Mare	6	337329	Gelding	6
358317	Gelding	5	334608	Mare	9
363103	Mare	5	361143	Mare	7
360510	Gelding	9	540907	Mare	4
362276	Gelding	5	451635	Mare	7
357831	Gelding	4	459337	Mare	5
362115	Mare	8	470711	Gelding	8
359632	Mare	6	457784	Mare	7

#359300260

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NH-001
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
447258	Mare	7	562140	Mare	6
447215	Mare	5	454151	Gelding	7
456568	Gelding	6	576891	Mare	9
359362	Mare	8	576600	Gelding	5
545862	Mare	5	458680	Gelding	6
517214	Mare	5	575858	Gelding	7
575437	Mare	7	452225	Mare	6
576074	Mare	9	544883	Mare	9
573979	Gelding	6	546200	Gelding	7
476053	Mare	8	455008	Gelding	8
453423	Gelding	6	576679	Mare	5
455993	Gelding	5	574579	Gelding	6
577505	Mare	7	474585	Mare	7
473241	Mare	9	575409	Gelding	9
576960	Mare	6	574718	Mare	6
562845	Mare	6	574488	Mare	8
454189	Gelding	6	516788	Gelding	7
515791	Gelding	9	454497	Mare	7
516349	Gelding	6	472050	Mare	6
474692	Mare	5	449222	Gelding	9
540592	Gelding	7	474803	Gelding	7
576032	Mare	8	545512	Mare	8
575167	Mare	9	564110	Mare	6
545636	Mare	3	453162	Mare	7
461097	Mare	8	542313	Mare	9
473819	Gelding	9	475429	Mare	5
454208	Gelding	7	545600	Mare	7
464237	Gelding	8	575026	Gelding	5
462476	Gelding	5	564697	Mare	6
458954	Mare	7	562079	Mare	5
453818	Gelding	8	517972	Mare	7
455373	Mare	6	517127	Mare	4
576485	Mare	6	475509	Mare	8
577033	Gelding	7	576262	Mare	7
541319	Mare	8	576956	Gelding	4
573755	Mare	6	545858	Gelding	6
575318	Mare	8	576302	Gelding	6
575347	Gelding	4	361917	Mare	8
575463	Mare	7	470718	Gelding	9
574904	Gelding	6	448818	Gelding	7
574963	Gelding	8	576318	Mare	8
574701	Mare	7	562180	Gelding	6
574957	Gelding	8	455499	Mare	5
576351	Mare	5	512782	Mare	8
562418	Mare	5	546000	Mare	7
458401	Gelding	9	577292	Mare	9
576670	Mare	6	540472	Mare	6
542058	Mare	7	564520	Mare	8

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-001
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
545674	Mare	6			
563941	Mare	7			
574259	Mare	9			
449580	Gelding	5			
577174	Gelding	6			
457202	Gelding	6			
575693	Mare	7			
449546	Mare	9			
540923	Mare	6			
575384	Gelding	8			
475421	Mare	5			
541228	Mare	7			
544869	Mare	6			
454474	Gelding	5			
541922	Mare	8			
561921	Gelding	5			
545737	Gelding	6			
572983	Gelding	7			
575287	Gelding	4			
455850	Mare	8			
563833	Gelding	6			
563677	Mare	7			
540846	Gelding	5			
577461	Mare	8			
546173	Gelding	5			
540597	Gelding	7			
574765	Mare	9			
540908	Mare	7			
575190	Gelding	5			
451283	Mare	6			
575131	Gelding	5			
454012	Gelding	6			
564382	Gelding	4			
577024	Mare	8			
450924	Gelding	7			
455689	Mare	6			
447356	mare	7			
455403	Gelding	5			
457625	Mare	5			
454861	Gelding	7			
455242	Gelding	9			
450440	Mare	7			
449009	Mare	6			
454346	Gelding	6			
454059	Gelding	4			
512700	Gelding	7			
455948	Gelding	4			
516431	Gelding	8			
457094	Mare	6			

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. 10-NM-001
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* January 21st 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

FOIA 12-02308 PT-5 Pg. 1090

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-001
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

(Delete as appropriate /*Remueva lo que no aplique)*

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.][

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]*[

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

Walter F Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6) 1/21/2010
Signature of Accred narian and Date
Firma del Médico Veterinario Acreditado y Fecha

(b)(6) 1/22/10
Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

(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).*

Mexico, Slaughter horse HC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. 10-NM-001
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

AFFIDAVIT
DECLARACIÓN JURADA

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # 10-NM-001 have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the followin compounds, plants or drugs.
Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número 10-NM-001 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.
Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter [redacted] 1-21-10
Fecha y firma del exportador

Date and signature of the Notary Public [redacted] 1-21-10
Fecha y firma del Notario Publico

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/27/11

Mexico, Slaughter horse HC

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

10-NM-001

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
6:00am	7-20-10	Las Lunas, New Mexico
VEHICLE LICENSE NO. AND DRIVER'S NAME		**NAME OF AUCTION/MARKET**
J&J Trucking #22 J&J Trucking #733		Southeast Livestock
CONSIGNOR (OWNER/SHIPPER) NAME		**CONSIGNEE (RECEIVER/DESTINATION) NAME**
Dennis Chavez		Bertha Ruiz Pacheco
STREET ADDRESS		**STREET ADDRESS**
24 Dalies Rd		Carnicos de Jerez
CITY, STATE, ZIP CODE		**CITY, STATE, ZIP CODE**
Los Lunas, nm 87031		Jerez, Zacatecas, 99380
AREA CODE & TELEPHONE NO.		**AREA CODE & TELEPHONE NO.**
505-865-4600		494-945-2828

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFG	9301						SR		/				/			985170000360687	
2		02						SR		/				/			355201	
3		03						roan		/				/			379308	
4		04				/				/				/			360977	
5		05						SR		/				/			354005	
6		06		/						/						/	356047	
7		07						SR		/				/			360619	
8		08	/							/				/			356495	
9		09						SR		/				/			359708	
10		10						SR		/				/			377371	
11		11						roan		/				/			351999	
12		13	/							/				/			379485	
13		13					/			/				/			367497	
14		14	/							/						/	358317	
15		15	/							/				/			363103	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY

[redacted]

SIGNATURE

I HEREBY AUTHORIZ[redacted]ND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

[redacted]

SIGNATURE OF OWNE[redacted]ed in this form is true and correct to the best of my knowledg[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (A[redacted]ous editions are obslete

PAGE 1 OF 7

FOIA 12-02308 PT-5 Pg. 1093

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-001

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		9316						SR		/						/	360510	
17		17						SR		/						/	3032976	
18		18	/							/						/	357831	
19		19						bSun		/				/			3629115	
20		20	/							/				/			3596332	
21		21	/							/				/			3758106	
22		22	/							/						/	335938	
23		23	/							/						/	333977	
24		24	/							/						/	5148161	
25		25	/							/				/			3753169	
26		26			/					/						/	3832638	
27		27	/							/				/			358844	
28		28						bSun		/				/			343478	
29		29						SR		/						/	376910	
30		30						SR		/				/			337009	
31		31						SR		/				/			4532168	
32		32				/				/						/	337913	
33		33						SR					MULE			/	337329	
34		34						bSun		/				/			334608	
35		35					/			/				/			361143	
36		36						bSun		/				/			540907	
37		37			/					/				/			4511635	
38		38						SR		/				/			4159337	
39		39				/				/						/	476711	
40		40	/							/				/			457784	
41		41						bSun		/				/			447258	
42		42	/							/				/			447215	
43		43	/							/						/	4560568	
44		44	/							/				/			3593602	
45		45	/							/				/			5458602	

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SIGNATURE OF OWNER/SHIPPER(I s true and correct to the best of my knowledge.)

FOIA 12-02308 PT-5 Pg. 1094

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-001.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFG	9346						bskin		/				/			517214	
17		47						roan		/				/			575437	
18		48						SR		/				/			576074	
19		49	/							/						/	573979	
20		50						bskin		/				/			476053	
21		51	/							/			mule			/	453423	
22		52						bskin		/						/	455993	
23		53						SR		/				/			577505	
24		54						SR		/				/			473241	
25		55						SR		/			mule	/			576960	
26		56	/							/				/			562845	
27		57						SR		/						/	454189	
28		58			/					/						/	515791	
29		59						SR		/						/	516349	
30		60						SR		/				/			474692	
31		61						SR		/						/	540592	
32		62	/							/				/			576032	
33		63	/							/				/			575167	
34		64	/							/				/			545636	
35		65		/						/				/			461097	
36		66	/							/						/	473819	
37		67	/							/						/	454208	
38		68				/				/						/	464237	
39		69	/							/						/	462476	
40		70	/							/				/			458954	
41		71	/							/						/	453818	
42		72	/							/				/			455373	
43		73	/							/				/			576485	
44		74						SR		/						/	577033	
45		75						SR		/				/			541319	

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SIGNATURE OF OWNER/SHIPP[redacted]orm is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-001

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	LISG	9376				/				/				/			573755	
17		77				/				/				/			575318	
18		78			/					/						/	575347	
19		79						SR		/				/			5754163	
20		80			/					/						/	574901	
21		81			/					/						/	574963	
22		82	/							/				/			574701	
23		83	/							/						/	574957	
24		84	/							/				/			576351	
25		85						SR		/				/			562418	
26		86						bskin		/						/	458401	
27		87			/					/				/			576670	
28		88						bskin		/				/			542058	
29		89	/							/				/			563140	
30		90				/				/						/	454151	
31		91	/							/				/			576891	
32		92						bskin		/						/	576600	
33		93						SR		/						/	453680	
34		94						app		/						/	575858	
35		95						app		/				/			452835	
36		96						dun		/				/			544883	
37		97						SR		/						/	546200	
38		98						SR		/						/	455008	
39		99	/							/				/			576679	
40		9400	/							/						/	574579	
41		01						SR		/				/			474585	
42		02						SR		/						/	577409	
43		03	/							/						/	574718	
44		04				/				/				/			574488	
45		05		/		/				/						/	516738	

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(b)(6)

SIGNATURE OF OWNER/SHIPPER(I certify th rect to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1096

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-001

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		9406						SR		/				/			454497	
17		07		/						/				/			472050	
18		08	/										mull			/	449222	
19		09						SR		/						/	474803	
20		10	/							/				/			545512	
21		11						SR		/				/			564110	
22		12						palo		/				/			453162	
23		13	/							/				/			542313	
24		14		/						/				/			475429	
25		15						SR		/				/			545600	
26		16				/				/						/	575026	
27		17	/							/				/			564697	
28		18						SR		/				/			562079	
29		19	/							/				/			517972	
30		20	/							/				/			517127	
31		21		/						/				/			475509	
32		22						SR		/				/			576262	
33		23						b.sun		/						/	576956	
34		24	/							/						/	545858	
35		25						b.sun		/						/	576302	
36		26	/							/				/			361917	
37		27						SR		/						/	470718	
38		28						SR		/						/	448518	
39		29						b.sun		/				/			576315	
40		30						SR		/						/	562180	
41		31		/						/				/			455499	
42		32						SR		/				/			512782	
43		33	/							/				/			546000	
44		34						b.sun		/				/			577292	
45		35			/					/				/			540472	

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SIGNATURE OF OWNER/SHIPPER(I certify that the [redacted] correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

10-NN-001

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFG	9436			/					/				/			564550	
17		37						SR		/				/			541074	
18		38						SR		/				/			563941	
19		39				/				/				/			574359	
20		40						DSLN		/						/	449580	
21		41				/				/						/	577174	
22		42						SR		/						/	457209	
23		43	/							/				/			575693	
24		44	/							/				/			449546	
25		45	/							/				/			540933	
26		46		/						/						/	575384	
27		47	/							/				/			475431	
28		48				/				/				/			541228	
29		49						SR		/				/			544869	
30		50						SR		/						/	454474	
31		51						SR		/				/			541922	
32		52	/							/						/	561921	
33		53						SR		/						/	545737	
34		54	/							/						/	573985	
35		55	/							/						/	575287	
36		56		/						/				/			455850	
37		57						DSLN		/						/	563333	
38		58	/							/				/			563677	
39		59		/						/						/	541346	
40		60						SR		/				/			577461	
41		61						SR		/						/	546173	
42		62		/						/						/	540597	
43		63	/							/				/			574765	
44		64	/							/				/			540908	
45	↓	65	/							/						/	575190	

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SIGNATURE OF OWNER/SHIPPER(I certify that t[redacted] ct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1098

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-001

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFG	9446			/					/				/			451933	
17		67						SR		/						/	575131	
18		68						[illegible]		/						/	454013	
19		69	/							/						/	364383	
20		70		/				c		/				/			577024	
21		71						SR		/						/	450924	
22		72	/							/				/			455689	
23		73	/							/				/			447356	
24		74	/							/						/	455403	
25		75				/				/				/			457635	
26		76	/							/						/	454861	
27		77	/							/						/	455343	
28		78		/						/				/			452440	
29		79	/							/				/			449009	
30		80						SR		/						/	454346	
31		81	/					S		/						/	454659	
32		82						SR		/						/	51[illegible]700	
33		83			/					/						/	455945	
34		84	/							/						/	516431	
35		85	/							/				/			457094	
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(b)(6)

SIGNATURE OF OWNER/SHIPPER(I certify that the infor best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 350300279
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 29-JAN-10
End: 29-JAN-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: HEALTH CERT#10-NM-002
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
29-JAN-10	$ 51.00	Money Order	09-923758104

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION | MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

09-923758104

82-40/1021

VALERO
(ISSUER'S AGENT)

AGENT 605307 DATE 012510
TIME 1604 03
099237581046 LOCATION 001238

51.00 ****

#350300279

** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF U.S.D.A.

PURCHASER'S ADDRESS

(b)(6)

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc.

SIDE.

⑆102100400⑆ 4009923758104 6⑈

1 be issued by the USDA, APHIS
l your payment to: USDA/APHIS,

or a US postal Money Order, the
eared. If you have any

APHIS FORM 81 (REV. 10/96) AUTOMATED

Produced by ITC

GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. [illegible]
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
   Nombre y Dirección del Importador: Carnicos De Jerez
   Jerez,Zacatecas 99380
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
985170000458995	Gelding	6	360155	Gelding	6
448928	Gelding	7	517879	Mare	7
458532	Mare	5	546133	Mare	6
545508	Gelding	5	456662	Gelding	5
456948	Mare	6	454969	Gelding	7
448741	Mare	8	576556	Gelding	9
456744	Mare	5	450677	Gelding	8
575018	Mare	6	455886	Gelding	4
458452	Mare	8	574722	Gelding	8
457753	Gelding	9	455412	Mare	6
517645	Gelding	7	449033	Gelding	5
451886	Mare	4	342979	Gelding	7
458712	Mare	9	563928	Gelding	8
513979	Mare	5	453226	Gelding	5
340935	Gelding	5	516311	Gelding	6
456953	Gelding	8	370123	Mare	8
516730	Gelding	7	517061	Gelding	9
451895	Gelding	8	449306	Gelding	7
542322	Mare	6	462532	Gelding	9
512346	Gelding	7	545459	Gelding	8

Mexico, Slaughter horse HC

#350300279

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 1C-NM-02[illegible]
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
455136	Gelding	7	575090	Mare	7
457597	Mare	8	545322	Mare	6
512376	Gelding	6	472406	Gelding	8
453229	Gelding	5	573955	Gelding	7
513432	Mare	6	457629	Gelding	9
456511	Mare	8	452785	Mare	6
450737	Gelding	7	457054	Mare	7
452918	Mare	6	573025	Mare	5
456387	Gelding	6	454243	Gelding	9
456505	Gelding	5	540304	Mare	8
453175	Mare	5	459777	Mare	7
448119	Mare	9	474302	Gelding	9
575221	Gelding	6	562672	Gelding	5
458376	Mare	8	452679	Gelding	6
457504	Mare	5	453826	Gelding	7
518069	Gelding	5	545474	Gelding	6
454902	Gelding	6	474535	Gelding	8
455302	Gelding	7	544933	Gelding	6
515797	Mare	8	546046	Gelding	6
456002	Mare	5	457486	Mare	7
456789	Gelding	7	541584	Gelding	5
457186	Mare	6	544784	Gelding	6
562956	Gelding	8	564226	Gelding	5
455632	Mare	7	463971	Gelding	7
575769	Gelding	5	453607	Mare	6
577319	Mare	6	455491	Gelding	5
574489	Mare	4	576300	Mare	5
546056	Gelding	8	455868	Gelding	5
554379	Mare	7	541481	Gelding	6
545435	Mare	6	453553	Gelding	8
563880	Gelding	8	474462	Mare	7
575527	Gelding	4	562721	Gelding	9
574054	Mare	6	470974	Mare	5
544771	Gelding	6	461782	Mare	7
541143	Gelding	7	576467	Gelding	8
453853	Mare	6	544828	Gelding	4
447973	Gelding	8	450316	Gelding	5
577421	Mare	6	471560	Gelding	7
472071	Gelding	5	572458	Gelding	6
577126	Mare	8	515005	Gelding	7
449376	Mare	6	574235	Gelding	8
453373	Mare	7	455852	Gelding	6
552469	Gelding	8	513740	Gelding	7
563066	Gelding	6	464304	Gelding	6
574783	Gelding	7	542289	Gelding	8
545164	Gelding	8	574256	Mare	5
541448	Gelding	7	571746	Gelding	7
575039	Mare	6	541282	Gelding	6

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 10-NM-[illegible]
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
516296	Gelding	7			
475275	Mare	8			
473679	Gelding	5			
358839	Gelding	6			
471503	Mare	4			
474281	Gelding	8			
475861	Mare	6			
470559	Mare	7			
463582	Mare	3			
476080	Gelding	6			
542025	Mare	7			
463443	Gelding	5			
471245	Mare	8			
460873	Mare	6			
353860	Mare	7			
452072	Mare	6			
544935	Mare	8			

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 12 NM-CC
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
517052	Gelding	6	572124	Gelding	7
457813	Mare	8	475899	Mare	6
574921	Gelding	7	454535	Gelding	5
473430	Gelding	6	453889	Gelding	7
512897	Mare	6	457452	Gelding	8
473537	Gelding	8	456879	Mare	6
573393	Gelding	7	455041	Mare	7
545089	Gelding	6	562314	Gelding	8
541749	Gelding	5	513876	Mare	8
545864	Mare	5	540585	Gelding	5
472272	Gelding	6	470632	Gelding	6
563447	Gelding	6	563131	Gelding	9
448874	Gelding	5	457079	Gelding	8
577119	Mare	5	473791	Gelding	8
450012	Gelding	7	571215	Gelding	5
451975	Mare	5	545132	Gelding	4
474799	Gelding	8	516884	Mare	7

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* January 26th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

FOIA 12-02308 PT-5 Pg. 1104

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. [illegible]
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

(Delete as appropriate /*Remueva lo que no aplique)*

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.][

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][

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

Walter E. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6)

1-26-2010
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

(b)(6)

1/27/10
Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

(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).*

Mexico, Slaughter horse HC

USDA

Veterinary Services
National Center for Import and Export

Health Certificate No. 10 NM 002
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

AFFIDAVIT
DECLARACIÓN JURADA

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # 10-NM-002 have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número 10-NM-002 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.
Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter [redacted] 1-26-10
Fecha y firma del exportador

Date and signature of the Notary Public [redacted] 1-26-10
Fecha y firma del Notario Publico

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/27/11

Mexico, Slaughter horse HC

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

10-NM-CCA

TIME HORSES LOADED ON CONVEYANCE: 9:00am	DATE: 1-26-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico	
VEHICLE LICENSE NO. AND DRIVER'S NAME: JJ Trucking 22 3723	NAME OF AUCTION/MARKET: Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco
STREET ADDRESS: 24 Dalies Rd	STREET ADDRESS: Carnicos de Jerez
CITY, STATE, ZIP CODE: Los Lunas, nm 87031	CITY, STATE, ZIP CODE: Jerez, Zacatecas, 99380
AREA CODE & TELEPHONE NO.: 505-865-4600	AREA CODE & TELEPHONE NO.: 494-945-2828

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFH	7001								/						/	985170000458995	
2		02								/						/	448928	
3		03								/				/			458532	
4		04								/						/	545508	
5		05								/				/			456948	
6		06								/				/			448741	
7		07								/				/			456744	
8		08								/				/			575018	
9		09								/				/			458452	
10		10								/						/	457753	
11		11								/						/	517645	
12		12								/				/			451886	
13		13								/				/			458713	
14		14								/				/			513979	
15		15								/						/	340935	

HORSES HAVE HAD ACCESS TO [redacted] OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE

SIGNATURE [redacted]

I HEREBY AUTHORIZE THE CF[redacted] INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

SIGNATURE OF OWNER/[redacted] n this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG [redacted] editions are obslete

PAGE 1 OF 7

FOIA 12-02308 PT-5 Pg. 1107

UNITED STATES DEPARTMENT OF AGRICULTURE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0579-0150. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Form Approved
OMB NO.
0579-0150

10-NM-002

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7016						bSkin		/						/	4516953	
17		17						bSkin		/						/	516730	
18		18				/				/						/	451895	
19		19	/							/				/			542322	
20		20						QPP		/						/	5123416	
21		21						bSkin		/						/	360155	
22		22						SR		/				/			517879	
23		23	/							/				/			546133	
24		24						SR		/						/	45166162	
25		25						bSkin		/						/	4549169	
26		26				/				/						/	5716556	
27		27	/							/						/	450677	
28		28	/							/						/	455886	
29		29	/							/						/	574722	
30		30	/							/				/			455412	
31		31						POLO		/						/	449033	
32		32		/						/						/	342979	
33		33						SR		/						/	5163928	
34		34	/							/						/	453226	
35		35						bSkin		/						/	6116311	
36		36						bSkin		/				/			370123	
37		37		/						/						/	517001	
38		38						POLO		/						/	449306	
39		39				/				/						/	462532	
40		40						QPP		/						/	545459	
41		41	/							/						/	455136	
42		42	/							/				/			457597	
43		43						SR		/						/	5123716	
44		44						SR		/						/	453229	
45	↓	45	/							/				/			513432	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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).

SIGNATURE OF OWNER/SHIPPER(I certify tha [redacted] (b)(6) correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

[illegible] number [illegible] this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO
0579-0160

10-NM-002

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7046	/							/				/			456511	
17		47						SR		/						/	450737	
18		48						SR		/				/			452918	
19		49		/						/						/	456387	
20		50				/				/						/	456505	
21		51						bskin		/				/			453175	
22		52		/						/				/			448119	
23		53				/				/						/	575221	
24		54	/							/				/			458376	
25		55						SR		/				/			457504	
26		56	/							/						/	518069	
27		57						SR		/						/	454902	
28		58						SR		/						/	455302	
29		59						SR		/				/			515797	
30		60						SR		/				/			456002	
31		61	/						/							/	456789	
32		62						SR		/				/			457186	
33		63						b.skin		/						/	562956	
34		64	/							/				/			455632	
35		65	/							/						/	575769	
36		66						paleo		/				/			577319	
37		67						SR		/				/			574489	
38		68		/						/						/	546056	
39		69						bskin		/				/			554379	
40		70						SR		/				/			545435	
41		71	/							/						/	563880	
42		72	/							/						/	575527	
43		73						SR		/				/			574054	
44		74						SR		/						/	544771	
45		75	/							/						/	541143	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 YEAR[redacted]

SIGNATURE OF OWNER/SHIPPER(I certify that t[redacted]he best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

OWNERSHIP PER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

[illegible] number. For this information collection [illegible] 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO. 0579-0160

10-NM-002

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7076		/						/				/			453853	
17		77	/							/						/	447973	
18		78		/						/				/			577421	
19		79	/							/						/	472071	
20		80	/							/				/			577126	
21		81						SR		/				/			449376	
22		82				/				/				/			453373	
23		83		/						/						/	552469	
24		84						SR		/						/	563066	
25		85	/							/						/	574783	
26		86						dun		/						/	545164	
27		87						SR		/						/	541448	
28		88	/							/				/			575039	
29		89	/							/				/			575090	
30		90	/							/				/			545322	
31		91	/							/						/	472406	
32		92						SR		/						/	573955	
33		93						SR		/						/	457629	
34		94	/							/				/			452785	
35		95	/							/				/			457054	
36		96			/					/				/			573025	
37		97						SR		/						/	454243	
38		98			/					/				/			540304	
39		99						SR		/				/			459777	
40		7100		/						/						/	474302	
41		01				/				/						/	562672	
42		02		/						/						/	452679	
43		03			/					/						/	453826	
44		04	/							/						/	545474	
45		05			/					/						/	474535	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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).

SIGNATURE OF OWNER/SHIPPER(I certify that the infor[redacted]t of my knowledge.)

VS FORM 10-13A
(SEP 2002)

UNITED STATES DEPARTMENT OF AGRICULTURE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
APPROVED
OMB NO.
0579-0180

10-NM-002

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7106						SR		/						/	544933	
17		07				/				/						/	5460416	
18		08						SR		/				/			457486	
19		09						DLW		/						/	541584	
20		10	/							/						/	544784	
21		11	/						/							/	5604226	
22		12			/					/						/	463971	
23		13	/							/				/			4536607	
24		14						SR		/						/	455491	
25		15				/				/				/			576300	
26		16	/							/						/	455868	
27		17			/					/						/	541481	
28		18				/				/						/	453553	
29		19				/				/				/			474462	
30		20	/							/						/	562721	
31		21	/							/				/			470974	
32		22						SR		/				/			461782	
33		23	/							/						/	5764167	
34		24	/							/						/	544828	
35		25				/				/						/	4503116	
36		26	/							/						/	471560	
37		27	/							/						/	572458	
38		28						DLW		/						/	515005	
39		29	/							/						/	574235	
40		30			/					/						/	455852	
41		31	/							/						/	513740	
42		32			/					/						/	464304	
43		33	/							/						/	542289	
44		34						SR		/				/			5742516	
45		35	/							/			mule			/	5717416	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 YEAR

(b)(6)

SIGNATURE OF OWNER/SHIPPER(I certify that t [redacted] f my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1111

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

[illegible] number of this information collection is [illegible]. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB NO 0579-0160

10-NM-004

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	7136	/							/						/	541282	
17		37	/							/						/	517052	
18		38	/							/				/			457813	
19		39		/						/						/	574921	
20		40	/							/						/	473430	
21		41	/							/				/			512897	
22		42			/					/						/	473537	
23		43	/							/						/	573393	
24		44	/							/						/	545089	
25		45			/					/						/	541749	
26		46						SR	/					/			545864	
27		47		/						/						/	472272	
28		48				/				/						/	563447	
29		49						Dead	/							/	448874	
30		50		/						/				/			577119	
31		51		/						/						/	450012	
32		52		/						/				/			451975	
33		53	/							/						/	474799	
34		54			/					/						/	572124	
35		55		/						/				/			475899	
36		56			/					/						/	454535	
37		57						SR		/						/	453889	
38		58			/					/						/	457452	
39		59	/							/				/			456879	
40		60						SR	/					/			455041	
41		61	/							/						/	562314	
42		62						SR		/				/			513876	
43		63	/							/						/	540585	
44		64	/							/						/	470632	
45		65			/					/						/	563131	

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SIGNATURE OF OWNER/SHIPPER(I certify that the inform[redacted]est of my knowledge.)

VS FORM 10-13A
(SEP 2002)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

...number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED OMB NO. 0579-0180

10-NM-002

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	71660	/							/						/	457079	
17		67		/						/						/	473791	
18		68	/							/						/	571215	
19		69		/						/						/	545132	
20		70						SR		/				/			5160884	
21		71						SR		/						/	5162946	
22		72						SR		/				/			475275	
23		73		/						/						/	473679	
24		74	/							/						/	358839	
25		75	/							/				/			471503	
26		76				/				/						/	474281	
27		77						SR		/				/			475861	
28		78						dun		/				/			470559	
29		79	/							/				/			463582	
30		80	/							/						/	476080	
31		81				/				/				/			542025	
32		82	/							/						/	463443	
33		83	/										mule	/			471245	
34		84	/							/				/			460873	
35		85						SR		/				/			353860	
36		86						bskn		/				/			452072	
37		87						SR		/				/			544935	
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER(I cer [redacted] correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE 7 OF 7

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 350300066
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 28-OCT-09
End: 28-OCT-09
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS IHC # 09-NM028
DENNIS CHAVEZ,24 DALIES RD. LOS LUNAS,NM 87031

Nfc Id
9999999999V

Payment Information

Date	Amount	Payment Type	Account/Check #
28-OCT-09	$ 51.00	Money Order	09-161101291

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION | MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

VALERO (ISSUER'S AGENT)

09-161101291
82-40/1021

AGENT 605307 DATE 102609
TIME 1251 05
091611012915 LOCATION 001238

51.00 ****

#350300066

** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS **********

PAY EXACTLY
PAY TO THE ORDER OF USDA

[redacted]

Bert Hos Ruiz PURCHASER'S ADDR

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction

⑆102100400⑆ 4009161101291⑈

be issued by the USDA, APHIS
your payment to: USDA/APHIS,

a US postal Money Order, the
red. If you have any

GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No 09-NM028
(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 Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* October,26th 2009

(Choose one answer and delete the other/*Escoja una respuesta y suprima la otra)*
3. The animals [are free of ectoparasites.] [were treated against ectoparasites,] (Please indicate the date of treatment and the product used.) free of ectoparasites.
[Que se encuentran libres de ectoparásitos.] [Que recibieron un tratamiento.] (Indicando la fecha y el producto utilizado)

4. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

5. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

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

(b)(6)

10/26/09
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6)

10/27/09
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

Mexico, Slaughter horse HC
April 2, 2009

F3503000 64

Health Certificate No. 04-NM028
(Valid only for [redacted] Ports)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

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

Dennis Chavez
24 Dalies Road
Los Lunas, NM 87031

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

Bertha Ruiz Pacheco
Carnicos De Jerez
Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Numero de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6001	Mare	QH	7	Brown
6002	Mare	Mule	9	Sorrel
6003	Gelding	QH	8	Sorrel
6004	Gelding	QH	9	Grey
6005	Mare	QH	7	Grey
6006	Mare	QH	9	Sorrel
6007	Gelding	QH	11	Sorrel
6008	Mare	QH	8	Grey
6009	Mare	QH	9	Paint
6010	Mare	QH	6	Roan
6011	Mare	QH	9	Black
6012	Mare	QH	8	Sorrel
6013	Mare	QH	7	Sorrel
6014	Gelding	QH	9	Sorrel
6015	Gelding	QH	8	Paint
6016	Gelding	QH	9	Black
6017	Mare	QH	11	Brown
6018	Gelding	QH	13	Sorrel
6019	Gelding	QH	8	B Skin
6020	Gelding	QH	11	Bay

FOIA 12-02308 PT-5 Pg. 1116

Health Certificate No. 09NM078

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

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

Dennis Chavez
24 Dalies Road
Los Lunas, NM 87031

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

Bertha Ruiz Pacheco
Carnicos De Jerez
Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6021	Mare	QH	7	Sorrel
6022	Gelding	Mule	10	Sorrel
6023	Mare	QH	9	Bay
6024	Gelding	QH	13	Roan
6025	Mare	QH	11	Bay
6026	Mare	QH	9	Sorrel
6027	Gelding	QH	10	Grey
6028	Mare	QH	9	Paint
6029	Gelding	QH	9	Paint
6030	Mare	QH	8	Sorrel
6031	Mare	QH	9	Grey
6032	Gelding	QH	10	Brown
6033	Gelding	QH	9	Bay
6034	Gelding	QH	8	Black
6035	Mare	Mule	9	Bay
6036	Mare	QH	8	Paint
6037	Gelding	QH	11	Sorrel
6038	Mare	QH	8	Bay
6039	Gelding	QH	8	Grullo
6040	Gelding	QH	9	Bay

FOIA 12-02308 PT-5 Pg. 1117

Health Certificate No. 09-NM028
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031

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

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6041	Mare	QH	8	Paint
6042	Gelding	QH	9	Sorrel
6043	Mare	Draft	10	Brown
6044	Gelding	QH	7	Paint
6045	Gelding	QH	9	Bay
6046	Mare	TB	13	Brown
6047	Mare	QH	11	Sorrel
6048	Mare	QH	10	Bay
6049	Mare	QH	11	Sorrel
6050	Mare	QH	10	Roan
6051	Gelding	QH	10	White
6052	Mare	TB	11	Bay
6053	Mare	QH	9	Brown
6054	Mare	QH	8	White
6055	Mare	QH	9	Black
6056	Gelding	QH	9	Grey
6057	Gelding	QH	10	Bay
6058	Gelding	QH	9	Bay
6059	Mare	QH	9	Sorrel
6060	Gelding	QH	8	Black

Health Certificate No. 09-NM038
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Nombre y Dirección del Exportador:

   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031

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

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6061	Mare	QH	9	Black
6062	Gelding	QH	10	Sorrel
6063	Gelding	QH	11	White
6064	Mare	QH	10	Roan
6065	Mare	QH	9	Paint
6066	Mare	QH	9	Sorrel
6067	Mare	QH	9	Paint
6068	Mare	QH	8	Bay
6069	Gelding	QH	11	B.Skin
6070	Mare	TB	12	Sorrel
6071	Gelding	QH	10	Bay
6072	Mare	QH	11	Black
6073	Mare	QH	10	Sorrel
6074	Mare	QH	9	White
6075	Mare	QH	10	Sorrel
6076	Gelding	QH	11	Bay
6077	Gelding	QH	9	Bay
6078	Mare	QH	7	Sorrel
6079	Gelding	QH	9	Bay
6080	Mare	QH	11	Brown

Health Certificate No. 09-NM038
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6081	Gelding	QH	9	Paint
6082	Gelding	QH	8	Bay
6083	Mare	QH	7	Chesnut
6084	Mare	QH	9	Brown
6085	Mare	QH	8	Bay
6086	Mare	QH	9	Bay
6087	Gelding	QH	10	Roan
6088	Gelding	QH	9	Grullo
6089	Mare	QH	8	Bay
6090	Mare	QH	9	Bay
6091	Mare	QH	9	Bay
6092	Gelding	QH	10	Black
6093	Gelding	QH	7	Bay
6094	Mare	QH	8	Sorrel
6095	Mare	QH	9	Bay
6096	Gelding	QH	9	Bay
6097	Gelding	QH	8	Bay
6098	Mare	QH	7	Bay
6099	Gelding	QH	9	Bay
6100	Mare	QH	10	Brown

Health Certificate No. 09-NM038
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Los Lunas, NM 87031

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Bertha Ruiz Pacheco
Carnicos De Jerez
Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6101	Mare	QH	10	Sorrel
6102	Mare	QH	13	Brown
6103	Mare	QH	12	White
6104	Mare	QH	10	Sorrel
6105	Mare	QH	9	Sorrel
6106	Gelding	QH	11	Black
6107	Gelding	QH	11	Sorrel
6108	Mare	QH	9	Palomino
6109	Mare	QH	10	Chesnut
6110	Mare	QH	13	Sorrel
6111	Mare	QH	9	Chesnut
6112	Mare	QH	11	Bay
6113	Mare	QH	10	Sorrel
6114	Mare	TB	11	Sorrel
6115	Mare	QH	10	Chesnut
6116	Mare	QH	8	Bay
6117	Mare	QH	9	Sorrel
6118	Gelding	QH	7	Chesnut
6119	Mare	QH	10	Paint
6120	Gelding	TB	10	Brown

FOIA 12-02308 PT-5 Pg. 1121

Health Certificate No. 09-NM028
(Validation [redacted])

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Los Lunas, NM 87031

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Bertha Ruiz Pacheco
Carnicos De Jerez
Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6121	Gelding	QH	8	White
6122	Gelding	TB	11	Brown
6123	Gelding	QH	9	Bay
6124	Mare	QH	8	Bay
6125	Gelding	TB	12	Brown
6126	Gelding	QH	10	Bay
6127	Mare	QH	9	Bay
6128	Mare	QH	8	Sorrel
6129	Gelding	QH	10	Sorrel
6130	Gelding	QH	12	Bay
6131	Gelding	QH	11	Paint
6132	Gelding	QH	9	White
6133	Gelding	QH	6	Sorrel
6134	Mare	QH	9	Brown
6135	Gelding	QH	11	Sorrel
6136	Mare	QH	7	Roan
6137	Mare	QH	9	White
6138	Mare	QH	7	Palomino
6139	Gelding	QH	10	Palomino
6140	Gelding	QH	8	Bay

Health Certificate No. 09-NM028
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   24 Dalies Road
   Los Lunas, NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6141	Mare	QH	7	Grullo
6142	Mare	QH	9	Roan
6143	Mare	QH	9	Palomino
6144	Gelding	QH	8	Sorrel
6145	Gelding	QH	8	White
6146	Mare	QH	9	Bay
6147	Gelding	TB	11	Brown
6148	Gelding	QH	10	Paint
6149	Gelding	QH	9	Grey
6150	Mare	QH	9	Paint
6151	Mare	QH	10	Grullo
6152	Gelding	QH	9	Bay
6153	Gelding	TB	13	Sorrel
6154	Gelding	TB	11	Bay
6155	Gelding	QH	10	Brown
6156	Mare	QH	11	Grey
6157	Mare	QH	9	Sorrel
6158	Mare	QH	10	Brown
6159	Mare	QH	9	Grey
6160	Mare	QH	10	White

FOIA 12-02308 PT-5 Pg. 1123

Health Certificate No. 09-NM038
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
   Nombre y Dirección del Exportador:
   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6161	Gelding	QH	8	Bay
6162	Mare	QH	7	White
6163	Gelding	QH	9	Bay
6164	Mare	QH	9	White
6165	Gelding	QH	12	Sorrel
6166	Gelding	QH	11	Brown
6167	Mare	QH	13	Brown

FOIA 12-02308 PT-5 Pg. 1124

AFFIDAVIT

DECLARACION JURADA

I Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompany by the health certificate 09-NM828 have not been fed to or treated within the last ninety (90) days prior to shipment with the following compounds, plants or drugs.

Por estemedio declaro que a mi saber y entender los cabalios en este embarque, acompanados por el certificado sanitario numero 09-NM-828 no han sido alimentados o tranados con ninguno de los siguientes, plantas o medicamentos durante los noventa dias antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicines, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

   Aristolochia spp y cualquier otra preparacion derivada de esta planta, cloranfencial, cloroformo, clorpromazina, colchicines, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
   Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthtics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracial.
   Que no fueron empleados los siguientes tirostaticos: tiouracilo, metiluracilo, fentitiuractio y propiitiuracilo.

Date and Signature of the exporter [redacted] 10/26/09

Date and Signature of the Notary Publ [redacted] 10/26/09

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/27/11

C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 167 head of horses;

tagged 6001 thru 6167 and ----------.

inspected today to accompany Health Certificate No. _____ are in good health and not of Kentucky origin.

(b)(6)

C.Y. Brasmer DVM

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM028

TIME HORSES LOADED ON CONVEYANCE: LOAD 1 4:00pm LOAD 3 4:30pm LOAD 5 5:00pm LOAD 2 4:30pm LOAD 4 4:45pm

DATE: 10/26/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LOS LUNAS NM

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SOUTHWEST LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: DENNIS CHAVEZ

CONSIGNEE (RECEIVER/DESTINATION) NAME: BERTHA RUIZ PACHECO

STREET ADDRESS: 24 DALIES RD

STREET ADDRESS: CARNICOS DE JEREZ

CITY, STATE, ZIP CODE: LOS LUNAS NM 87031

CITY, STATE, ZIP CODE: JEREZ, ZACATECAS MX

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-252-6614

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFH	6001						BROWN		✓				✓			LH	
2		6002						SORREL					MULE	✓				
3		6003						SORREL		✓						✓		
4		6004		✓						✓						✓		
5		6005		✓						✓				✓				
6		6006						SORREL		✓				✓				
7		6007						SORREL		✓						✓		
8		6008		✓						✓				✓				
9		6009				✓				✓				✓				
10		6010						ROAN		✓				✓				
11		6011			✓					✓				✓				
12		6012						SORREL		✓				✓				
13		6013						SORREL		✓				✓				
14		6014						SORREL		✓						✓		
15		6015				✓				✓						✓		

HORSES HAVE HAD [redacted] OF 6 CONSECUTIVE HOURS IMMEDIATEL

SIGNATURE

I HEREBY AUTHORI[redacted]HE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

SIGNATURE OF OWNE[redacted] orm is true and correct to the best of my knowledge

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AU[redacted] are obslete

FOIA 12-02308 PT-5 Pg. 1127

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM028

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	6016			✓					✓						✓	LH	
17		6017						BROWN		✓				✓				
18		6018						SORREL		✓						✓		
19		6019						BUCKSKIN		✓						✓		
20		6020	✓							✓						✓		
21		6021						SORREL		✓				✓				
22		6022						SORREL					MULE			✓		
23		6023	✓							✓				✓				
24		6024						ROAN		✓						✓		
25		6025	✓							✓				✓				
26		6026						SORREL		✓				✓				
27		6027		✓						✓						✓		
28		6028				✓				✓				✓				
29		6029				✓				✓						✓		
30		6030						SORREL		✓				✓				
31		6031		✓						✓				✓				
32		6032						BROWN		✓						✓		
33		6033	✓							✓						✓		
34		6034			✓					✓						✓		
35		6035	✓										MULE	✓				
36		6036				✓				✓				✓				
37		6037						SORREL		✓						✓		
38		6038	✓							✓				✓				
39		6039						GRULLA		✓						✓		
40		6040	✓							✓						✓		
41		6041				✓				✓				✓				
42		6042						SORREL		✓						✓		
43		6043						BROWN			✓			✓				
44		6044				✓				✓						✓		
45		6045	✓							✓						✓		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 FO (b)(6) U.S.C. SECTION 1001).

SIGNATURE OF OW [redacted] ntained in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

PAGE 2 OF 7

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM1028

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	6046						BROWN	✓					✓			↻ LH	
17		6047						SORREL		✓				✓				
18		6048	✓							✓				✓				
19		6049						SORREL		✓				✓				
20		6050						ROAN		✓				✓				
21		6051						WHITE		✓						✓		
22		6052	✓						✓					✓				
23		6053						BROWN		✓				✓				
24		6054						WHITE		✓				✓				
25		6055			✓					✓				✓				
26		6056		✓						✓						✓		
27		6057	✓							✓						✓		
28		6058	✓							✓						✓		
29		6059						SORREL		✓				✓				
30		6060			✓					✓						✓		
31		6061			✓					✓				✓				
32		6062						SORREL		✓						✓		
33		6063						WHITE		✓						✓		
34		6064						ROAN		✓				✓				
35		6065				✓				✓				✓				
36		6066						SORREL		✓				✓				
37		6067				✓				✓				✓				
38		6068	✓							✓				✓				
39		6069						BUCKSKIN		✓						✓		
40		6070						SORREL	✓					✓				
41		6071	✓							✓						✓		
42		6072			✓					✓				✓				
43		6073						SORREL		✓				✓				
44		6074						WHITE		✓				✓				
45	↓	6075						SORREL		✓				✓			↓	

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SIGNATURE OF OWN[redacted] this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1129

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM028

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	6076	✓							✓						✓	C LH	
17		6077	✓							✓						✓		
18		6078						SORREL		✓				✓				
19		6079	✓							✓						✓		
20		6080						BROWN		✓				✓				
21		6081				✓				✓						✓		
22		6082	✓							✓						✓		
23		6083					✓			✓				✓				
24		6084						BROWN		✓				✓				
25		6085	✓							✓				✓				
26		6086	✓							✓				✓				
27		6087						ROAN		✓						✓		
28		6088						GRULLA		✓						✓		
29		6089	✓							✓				✓				
30		6090	✓							✓				✓				
31		6091	✓							✓				✓				
32		6092			✓					✓						✓		
33		6093	✓							✓						✓		
34		6094						SORREL		✓				✓				
35		6095	✓							✓				✓				
36		6096	✓							✓						✓		
37		6097	✓							✓						✓		
38		6098	✓							✓				✓				
39		6099	✓							✓						✓		
40		6100						BROWN		✓				✓				
41		6101						SORREL		✓				✓				
42		6102						BROWN		✓				✓				
43		6103						WHITE		✓				✓				
44		6104						SORREL		✓				✓				
45	↓	6105						SORREL		✓				✓			↓	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 IMPRISONME[redacted].S.C. SECTION 1001).

SIGNATURE [redacted] (b)(6) ained in this form is true and correct to the best of my knowledge.)

VS FORM 10-
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1130

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM038

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	6106			✓					✓						✓	↻ LH	
17		6107						SORREL		✓						✓		
18		6108						PALOMINO		✓				✓				
19		6109					✓			✓				✓				
20		6110						SORREL		✓				✓				
21		6111					✓			✓				✓				
22		6112	✓							✓				✓				
23		6113						SORREL		✓				✓				
24		6114						SORREL	✓					✓				
25		6115					✓			✓				✓				
26		6116	✓							✓				✓				
27		6117						SORREL		✓				✓				
28		6118					✓			✓						✓		
29		6119				✓				✓				✓				
30		6120						BROWN	✓							✓		
31		6121						WHITE		✓						✓		
32		6122						BROWN	✓							✓		
33		6123	✓							✓						✓		
34		6124	✓							✓				✓				
35		6125						BROWN	✓							✓		
36		6126	✓							✓						✓		
37		6127	✓							✓				✓				
38		6128						SORREL		✓				✓				
39		6129						SORREL		✓						✓		
40		6130	✓							✓						✓		
41		6131				✓				✓						✓		
42		6132						WHITE		✓						✓		
43		6133						SORREL		✓						✓		
44		6134						BROWN		✓				✓				
45	↓	6135						SORREL		✓						✓	↓	

10/27/09 Re-eval for lameness weakness

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT (18 U.S.C. SECTION 1001).

SIGNATURE OF (b)(6) ained in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

PAGE 5 OF 7

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM028

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	6136						ROAN		✓				✓			↻ LH	
17		6137						WHITE		✓				✓				
18		6138						PALOMINO		✓				✓				
19		6139						PALOMINO		✓						✓		
20		6140	✓							✓						✓		
21		6141						GRULLA		✓				✓				
22		6142						ROAN		✓				✓				
23		6143						PALOMINO		✓				✓				
24		6144						SORREL		✓						✓		
25		6145						WHITE		✓						✓		
26		6146	✓							✓				✓				
27		6147						BROWN	✓							✓		
28		6148				✓				✓						✓		
29		6149		✓						✓						✓		
30		6150				✓				✓				✓				
31		6151						GRULLA		✓				✓				
32		6152	✓							✓						✓		
33		6153						SORREL	✓							✓		
34		6154	✓						✓							✓		
35		6155						BROWN		✓						✓		
36		6156		✓						✓				✓				
37		6157		✓						✓				✓				
38		6158						BROWN		✓				✓				
39		6159		✓						✓				✓				
40		6160						WHITE		✓				✓				
41		6161	✓							✓						✓		
42		6162						WHITE		✓				✓				
43		6163	✓							✓						✓		
44		6164						WHITE		✓				✓				
45		6165						SORREL		✓						✓		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM C[redacted] A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT F[redacted]. SECTION 1001).

(b)(5)

SIGNATURE OF O[redacted] in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1132

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

09-NM028

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	61166						Brown		✓						✓	↺ LH	
17	↓	61167						Brown		✓				✓			↓	
18																		
19																		
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41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORI [redacted] (b)(6) O THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FO SECTION 1001).

SIGNATURE OF OW n this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1133

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 350300075
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 30-OCT-09
End: 30-OCT-09

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS ICH# 09-NM029
SERVICE RENDERED 10-29-09

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
30-OCT-09	$ 51.00	Money Order	09-161101292

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

09-161101292
82-40/1021

VALERO
(ISSUER'S AGENT)

AGENT 605307 DATE 102609 51.00
TIME 1251 05
091611012924 LOCATION 001238 ****

#350300075

** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF USDA

BERTHA PURCHASER'S ADDRESS

(b)(6)

Western Union Money Order and Design is a service mark of Western Union Holdings

⑆102100400⑆ 4009161101292⑈

l be issued by the USDA, APHIS
l your payment to: USDA/APHIS,

or a US postal Money Order, the
eared. If you have any

PHIS FORM 81 (REV. 10/96) AUTOMATED

Produced by ITC

GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. 09-NM029
(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 Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* October 27, 2009

(Choose one answer and delete the other/*Escoja una respuesta y suprima la otra)*
3. The animals [are free of ectoparasites.] [were treated against ectoparasites,] (Please indicate the date of treatment and the product used.) Free of Ectoparasites
[Que se encuentran libres de ectoparásitos.] [Que recibieron un tratamiento.] (Indicando la fecha y el producto utilizado)

4. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

5. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

C. Y. BRASMER
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

(b)(6)

Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6)

10/29/09

Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

Mexico, Slaughter horse HC
April 2, 2009

#35630075

Health Certificate No. 09-NM029
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
   Nombre y Dirección del Exportador:
   Dennis Chavez
   24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Rastro Municipal TIF 366
   Corrales Sn Ignacio
   Periterico Lombardo Toledano 13401 Chih., Chih. MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6501	Mare	QH	6	Bay
6502	Mare	QH	5	Bay
6503	Mare	QH	8	Bay
6504	Mare	QH	9	Brown
6505	Mare	QH	7	Bay
6506	Mare	QH	9	Sorrel
6507	Mare	QH	7	Black
6508	Mare	QH	8	Bay
6509	Gelding	QH	8	Sorrel
6510	Mare	QH	6	White
6511	Mare	QH	7	Bay
6512	Gelding	QH	10	Sorrel
6513	Mare	QH	5	Bay
6514	Mare	QH	8	Bay
6515	Mare	QH	7	Bay
6516	Mare	QH	8	Dun

Health Certificate No. 09-NM039
(Veterinary Services, USDA, Animal and Plant Health Inspection Service)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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   Periterico Lombardo Toledano 13401 Chih., Chih. MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Numero de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6517	Mare	QH	8	Bay
6518	Mare	QH	8	Sorrel
6519	Mare	QH	7	Sorrel
6520	Mare	QH	9	Brown
6521	Gelding	QH	5	Black
6522	Mare	QH	6	Bay
6523	Mare	QH	7	Brown
6524	Gelding	QH	7	Roan
6525	Mare	QH	9	Palomino
6526	Mare	QH	8	Black
6527	Gelding	QH	6	Sorrel
6528	Gelding	QH	8	Paint
6529	Mare	QH	9	Sorrel
6530	Mare	QH	7	White
6531	Mare	QH	8	Palomino
6532	Gelding	QH	6	Bay

Health Certificate No. 09-NM029
(Valid only if VS Form 10-13 is attached)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Periterico Lombardo Toledano 13401 Chih., Chih. MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6533	Gelding	QH	7	Roan
6534	Gelding	QH	7	Roan
6535	Mare	QH	8	Roan
6536	Mare	QH	9	Roan
6537	Gelding	QH	8	Sorrel
6538	Mare	QH	7	Brown
6539	Mare	QH	8	Bay
6540	Gelding	QH	6	Paint
6541	Mare	QH	8	Bay
6542	Mare	QH	8	Paint
6543	Mare	QH	7	Black
6544	Mare	QH	8	Bay
6545	Mare	QH	6	Sorrel
6546	Gelding	QH	7	Grulla
6547	Mare	QH	8	Roan
6548	Gelding	QH	9	Paint

FOIA 12-02308 PT-5 Pg. 1138

Health Certificate No. 09-NM029
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6549	Mare	QH	7	Sorrel
6550	Gelding	QH	8	Sorrel
6551	Gelding	QH	8	Bay
6552	Mare	QH	7	Sorrel
6553	Gelding	QH	9	Palomino
6554	Gelding	QH	7	Paint
6555	Mare	TB	9	Brown
6556	Mare	QH	8	Buckskin
6557	Gelding	QH	8	Bay
6558	Mare	QH	7	Bay
6559	Mare	QH	8	Bay
6560	Mare	QH	7	Bay
6561	Gelding	QH	7	Bay
6562	Gelding	QH	6	Sorrel
6563	Gelding	QH	10	Paint
6564	Mare	QH	9	Bay

Health Certificate No. 09-NM079

[redacted]

USDA

[redacted]

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Rastro Municipal TIF 366
Corrales Sn Ignacio
Periterico Lombardo Toledano 13401 Chih., Chih. MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6565	Mare	QH	8	Sorrel
6566	Mare	QH	9	Black
6567	Mare	QH	7	Sorrel
6568	Mare	Draft	10	Sorrel
6569	Mare	QH	9	Sorrel
6570	Mare	Mule	9	Bay
6571	Gelding	QH	8	White
6572	Mare	QH	7	Bay
6573	Mare	Mule	8	Brown
6574	Gelding	QH	6	Paint
6575	Gelding	QH	7	Roan
6576	Mare	QH	8	Bay
6577	Mare	QH	7	Bay
6578	Mare	QH	9	Bay
6579	Gelding	QH	6	Dun
6580	Gelding	QH	6	Bay

Health Certificate No. 09-NM029

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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   Periterico Lombardo Toledano 13401 Chih., Chih. MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Numero de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6581	Mare	QH	7	Roan
6582	Mare	QH	9	Bay
6583	Mare	QH	7	Brown
6584	Gelding	QH	8	Brown
6585	Mare	QH	7	Sorrel
6586	Mare	Mule	8	Black
6587	Mare	QH	6	Bay
6588	Mare	QH	7	Black
6589	Mare	QH	8	Roan
6590	Mare	QH	6	Roan
6591	Gelding	QH	7	Bay
6592	Mare	QH	8	Bay
6593	Gelding	QH	8	Bay
6594	Mare	QH	7	Bay
6595	Mare	QH	9	Paint
6596	Mare	QH	8	Bay

Health Certificate No. 09-NM029
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Seal)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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Periterico Lombardo Toledano 13401 Chih., Chih., MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6597	Mare	QH	7	Bay
6598	Gelding	QH	8	Paint
6599	Gelding	QH	7	Brown
6600	Gelding	QH	9	Roan
6601	Mare	QH	8	Roan
6602	Mare	QH	2 1/2	Bay
6603	Mare	QH	5	Sorrel
6604	Gelding	QH	3	Sorrel
6605	Gelding	QH	4	White
6606	Mare	QH	3	Roan
6607	Gelding	QH	2	Bay
6608	Mare	QH	4	Bay
6609	Mare	QH	3	Chestnut
6610	Mare	QH	3	Buckskin
6611	Mare	QH	5	Dun
6612	Mare	QH	4	Brown

Health Certificate No. 09-NM07

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Bertha Ruiz Pacheco
Rastro Municipal TIF 366
Corrales Sn Ignacio
Periterico Lombardo Toledano 13401 Chih., Chih. MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6613	Mare	QH	4	Bay
6614	Mare	QH	3	Paint
6615	Gelding	QH	4	Bay
6616	Mare	QH	4	Paint
6617	Mare	QH	5	Bay
6618	Mare	QH	3	Bay
6619	Mare	QH	5	Bay
6620	Gelding	QH	5	Bay
6621	Gelding	QH	7	Sorrel
6622	Gelding	QH	4	Bay
6623	Gelding	QH	8	Paint
6624	Mare	QH	9	Paint
6625	Mare	QH	2	Bay
6626	Mare	QH	4	Sorrel
6627	Gelding	QH	3	Sorrel
6628	Gelding	QH	4	Bay

Health Certificate No. 09-NM079
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Periterico Lombardo Toledano 13401 Chih., Chih. MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6629	Mare	QH	3	Bay
6630	Mare	QH	2	Bay
6631	Mare	QH	2	Appaloosa
6632	Gelding	QH	2	Brown
6633	Gelding	QH	4	Bay
6634	Mare	QH	3	Bay
6635	Mare	QH	2	Palomino
6636	Gelding	QH	2	Sorrel
6637	Mare	QH	2	Buckskin
6638	Mare	QH	3	Sorrel
6639	Gelding	QH	2	Brown
6640	Gelding	QH	3	Sorrel
6641	Gelding	QH	2	Sorrel
6642	Mare	QH	3	Sorrel
6643	Mare	QH	4	Appaloosa
6644	Mare	QH	2 1/2	Sorrel

Health Certificate No. 09-NM029
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6645	Gelding	QH	1	Bay
6646	Gelding	QH	1	Appaloosa
6647	Mare	QH	1	Gray
6648	Mare	QH	1	Sorrel
6649	Gelding	QH	1	Sorrel
6650	Mare	QH	1	Brown
6651	Gelding	QH	2	Bay
6652	Mare	QH	2	Sorrel
6653	Mare	QH	1	Brown
6654	Mare	QH	4	White
6655	Gelding	QH	2	Bay
6656	Mare	QH	2	Black
6657	Mare	QH	2	Bay
6658	Mare	QH	2	Sorrel
6659	Mare	QH	2	Dun
6660	Mare	QH	3	Black

Health Certificate No. 09-NM07[illegible]

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6661	Gelding	QH	2	Sorrel
6662	Mare	QH	2	Sorrel
6663	Gelding	QH	3	Appaloosa
6664	Gelding	QH	3	Appaloosa
6665	Mare	QH	3	Palomino
6666	Mare	QH	2	Bay
6667	Mare	QH	2	Black
6668	Mare	QH	2	Bay
6669	Mare	QH	3	White
6670	Mare	QH	2	Grulla
6671	Gelding	QH	4	Bay
6672	Mare	QH	2	Brown
6673	Mare	QH	1	Bay
6674	Mare	QH	2	Bay
6675	Mare	QH	3	Bay
6676	Mare	QH	1	Buckskin

FOIA 12-02308 PT-5 Pg. 1146

Health Certificate No. 09-NM[illegible]
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

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Los Lunas, NM 87031

2. Name and Address of Importer:
Nombre y Dirección del Importador:
Bertha Ruiz Pacheco
Rastro Municipal TIF 366
Corrales Sn Ignacio
Periterico Lombardo Toledano 13401 Chih., Chih. MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6677	Mare	QH	3	Bay
6678	Mare	QH	2	Bay
6679	Gelding	QH	3	Dun
6680	Gelding	QH	1	Appaloosa
6681	Mare	QH	1	Sorrel
6682	Mare	QH	2	White
6683	Mare	QH	1	Dun
6684	Mare	QH	2	Paint
6685	Gelding	QH	3	Sorrel
6686	Mare	TB	9	Brown
6687	Mare	QH	2	Roan
6688	Mare	QH	2	Paint
6689	Mare	QH	3	Sorrel
6690	Mare	QH	2	Sorrel
6691	Mare	QH	1	Bay
6692	Mare	QH	2	Sorrel

FOIA 12-02308 PT-5 Pg. 1147

Health Certificate No. 09-NM079
(Valid only if the USDA Veterinary Seal Appears over the Signature Below)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
Dennis Chavez
24 Dalies Rd
Los Lunas, NM 87031

2. Name and Address of Importer:
Nombre y Dirección del Importador:
Bertha Ruiz Pacheco
Rastro Municipal TIF 366
Corrales Sn Ignacio
Periterico Lombardo Toledano 13401 Chih., Chih. MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6693	Gelding	QH	1	Palomino
6694	Mare	QH	2	Bay
6695	Gelding	QH	2	Buckskin
6696	Mare	QH	1	Sorrel
6697	Mare	QH	3	Palomino
6698	Mare	QH	2	Bay
6699	Mare	QH	1	Brown
6700	Mare	QH	1	Brown
6701	Gelding	QH	2	Buckskin
6702	Mare	QH	2	White
6703	Mare	QH	2	Sorrel
6704	Mare	QH	3	White
6705	Gelding	QH	3	Buckskin
6706	Mare	QH	3	BLack
6707	Mare	QH	2	Sorrel
6708	Mare	QH	1	Sorrel

FOIA 12-02308 PT-5 Pg. 1148

Health Certificate No. 09-NM029
(Valid only if the USDA Veterinary Seal Applied over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
Dennis Chavez
24 Dalies Rd
Los Lunas, NM 87031

2. Name and Address of Importer:
Nombre y Dirección del Importador:
Bertha Ruiz Pacheco
Rastro Municipal TIF 366
Corrales Sn Ignacio
Periterico Lombardo Toledano 13401 Chih., Chih. MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6709	Gelding	QH	2	Appaloosa
6710	Mare	QH	1	White
6711	Mare	QH	2	Black
6712	Mare	QH	3	Gray
6713	Mare	QH	2	Roan
6714	Mare	QH	1	Gray
6715	Mare	QH	2	Sorrel
6716	Gelding	Draft	7	Sorrel
6717	Gelding	QH	1	Bay
6718	Mare	QH	1	Bay
6719	Mare	QH	1	Buckskin
6720	Gelding	QH	1	Roan
6721	Gelding	QH	1	Paint
6722	Gelding	QH	2	Sorrel
6723	Mare	QH	1	Chestnut
6724	Gelding	QH	2	Bay

FOIA 12-02308 PT-5 Pg. 1149

Health Certificate No. 09-NM029

[redacted]

USDA

[redacted]

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
Dennis Chavez
24 Dalies Rd
Los Lunas, NM 87031

2. Name and Address of Importer:
Nombre y Dirección del Importador:
Bertha Ruiz Pacheco
Rastro Municipal TIF 366
Corrales Sn Ignacio
Periterico Lombardo Toledano 13401 Chih., Chih. MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6725	Mare	QH	1	Sorrel
6726	Gelding	QH	3	Bay
6727	Gelding	QH	1	Bay
6728	Gelding	Mule	6	Sorrel
6729	Gelding	QH	2	Appaloosa
6730	Mare	QH	2	White
6731	Mare	QH	1	Sorrel
6732	Mare	QH	4	Bay
6733	Mare	QH	3	Black
6734	Gelding	QH	2	Palomino
6735	Gelding	QH	3	Sorrel
6736	Mare	QH	2	Brown
6737	Mare	QH	2	Bay
6738	Gelding	QH	3	Bay
6739	Gelding	QH	2	Bay
6740	Gelding	QH	2	Sorrel

FOIA 12-02308 PT-5 Pg. 1150

C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 240 head of horses;

tagged 6501 thru 6740 and _____.

inspected today to accompany Health Certificate No. _____ are in good health and not of Kentucky origin.

(b)(6)

C.Y. Brasmer DVM

AFFIDAVIT

DECLARACION JURADA

I Dennis Chavez, declare that, to my best knowledge horses included in this shipment and accompany by the health certificate 09-NM0239 have not been fed to or treated within the last ninety (90) days prior to shipment with the following compounds, plants or drugs.

Por estemedio declaro que a mi saber y entender los caballos en este embarque, acompanados por el certificado sanitario numero 09-NM0239 no han sido alimentados o tranados con ninguno de los siguientes, plantas o medicamentos durante los noventa dias antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicines, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

   Aristolochia spp y cualquier otra preparacion derivada de esta planta, cloranfencial, cloroformo, clorpromazina, colchicines, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
   Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthtics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracial.
   Que no fueron empleados los siguientes tirostaticos: tiouracilo, metiluracilo, fentitiuractio y propiltiuraciio.

(b)(6)

Date and Signature of the exporter [redacted] 10/27/09

Date and Signature of the Notary P [redacted] 10/27/09

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/27/11

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM079

TIME HORSES LOADED ON CONVEYANCE: 11:30 AM

DATE: 10/28/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, NM

(b)(6)

NAME OF AUCTION/MARKET: Southwest Livestock Auction

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco

STREET ADDRESS: 24 Dalies Rd

STREET ADDRESS: Rastro Municipal TIF 366

CITY, STATE, ZIP CODE: Los Lunas, NM 87031

CITY, STATE, ZIP CODE: Corrales SN Ignacio Peritorico Lombardo Toledano

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 13401 Chih, Chih, MX 915-252-6614

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	AA	6501	✓							✓				✓			C↗14	
2		6502	✓							✓				✓				
3		6503	✓							✓				✓				
4		6504						Brown		✓				✓				
5		6505	✓							✓				✓				
6		6506						Sorrel		✓				✓				
7		6507			✓					✓				✓				
8		6508	✓							✓				✓				
9		6509						Sorrel		✓						✓		
10		6510						White		✓				✓				
11		6511	✓							✓				✓				
12		6512						Sorrel		✓						✓		
13		6513	✓							✓				✓				
14		6514	✓							✓				✓				
15	↓	6515	✓							✓				✓			↓	

HORSES HAVE HA[illegible] ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIAT[illegible]

(b)(6)

SIGNATURE

I HEREBY AUTHO[illegible] THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

(b)(6)

SIGNATURE O[illegible] med in this form is true and correct to the best of my k[illegible]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 [illegible] vious editions are obsolete

FOIA 12-02308 PT-5 Pg. 1153

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM07;

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	EH	6516						DUN		✓				✓			C↗	
17		6517	✓							✓				✓				
18		6518						SORREL		✓				✓				
19		6519						SORREL		✓				✓				
20		6520						BROWN		✓				✓				
21		6521			✓					✓						✓		
22		6522	✓							✓				✓				
23		6523						BROWN		✓				✓				
24		6524						ROAN		✓						✓		
25		6525						P/O		✓				✓				
26		6526			✓					✓				✓				
27		6527						SORREL		✓						✓		
28		6528				✓				✓						✓		
29		6529						SORREL		✓				✓				
30		6530						WHITE		✓				✓				
31		6531						P/O		✓				✓				
32		6532	✓							✓						✓		
33		6533						ROAN		✓						✓		
34		6534						ROAN		✓						✓		
35		6535						ROAN		✓				✓				
36		6536						ROAN		✓				✓				
37		6537						SORREL		✓						✓		
38		6538						BROWN		✓				✓				
39		6539	✓							✓				✓				
40		6540				✓				✓						✓		
41		6541	✓							✓				✓				
42		6542				✓				✓				✓				
43		6543			✓					✓				✓				
44		6544	✓							✓				✓				
45	↓	6545						SORREL		✓				✓			↓	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 IMPRISO[redacted] 18 U.S.C. SECTION 1001).

SIGNATU[redacted] contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1154

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

09-NM079

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	FH	6546						GRULLA		✓						✓	C↗ 14	
17		6547						ROAN		✓				✓				
18		6548				✓				✓						✓		
19		6549						SORREL		✓				✓				
20		6550						SORREL		✓						✓		
21		6551	✓							✓						✓		
22		6552						SORREL		✓				✓				
23		6553						PALO		✓						✓		
24		6554				✓				✓						✓		
25		6555						BROWN	✓					✓				
26		6556						BUCK SKIN		✓				✓				
27		6557	✓							✓						✓		
28		6558	✓							✓				✓				
29		6559	✓							✓				✓				
30		6560	✓							✓				✓				
31		6561	✓							✓						✓		
32		6562						SORREL		✓						✓		
33		6563				✓				✓						✓		
34		6564	✓							✓				✓				
35		6565						SORREL		✓				✓				
36		6566			✓					✓				✓				
37		6567						SORREL		✓				✓				
38		6568						SORREL			✓			✓				
39		6569						SORREL		✓				✓				
40		6570	✓										MULE	✓				
41		6571						WHITE		✓						✓		
42		6572	✓							✓				✓				
43		6573						BROWN					MULE	✓				
44		6574				✓				✓						✓		
45	↓	6575						ROAN		✓						✓	↓	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 IMPRISON[redacted] S.C. SECTION 1001).

SIGNATUR[redacted] ained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA 12-02308 PT-5 Pg. 1155

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NAP29

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		6576	✓							✓				✓			C→ 1H	
17		6577	✓							✓				✓				
18		6578	✓							✓				✓				
19		6579						DUN		✓						✓		
20		6580	✓							✓						✓		
21		6581						ROAN		✓				✓				
22		6582								✓				✓				
23		6583						BROWN		✓				✓				
24		6584						BROWN		✓						✓		
25		6585						SORREL		✓				✓				
26		6586			✓								M/E	✓				
27		6587	✓							✓				✓				
28		6588			✓					✓				✓				
29		6589						ROAN		✓				✓				
30		6590						ROAN		✓				✓				
31		6591	✓							✓						✓		
32		6592	✓							✓				✓				
33		6593	✓							✓						✓		
34		6594	✓							✓				✓				
35		6595				✓				✓				✓				
36		6596	✓							✓				✓				
37		6597	✓							✓				✓				
38		6598				✓				✓						✓		
39		6599						BROWN		✓						✓		
40		6600						ROAN		✓						✓		
41		6601						ROAN		✓				✓				
42		6602	✓							✓				✓				
43		6603						SORREL		✓				✓				
44		6604						SORREL		✓						✓		
45		6605						WHITE		✓						✓		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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).

SIGNATURE OF [redacted] (b)(6) ed in this form is true and correct to the best of my knowledge.)

VS FORM 10-13
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1156

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

09-NM029

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	FH	6606						Roan		✓				✓			C↗ 14	
17		6607	✓							✓						✓		
18		6608	✓							✓				✓				
19		6609					✓			✓				✓				
20		6610						Back Skin		✓				✓				
21		6611						Dun		✓				✓				
22		6612						Brown		✓				—				
23		6613	✓							✓				✓				
24		6614				✓				✓				✓				
25		6615	✓							✓						✓		
26		6616				✓				✓				✓				
27		6617	✓							✓				✓				
28		6618	✓							✓				✓				
29		6619	✓							✓				✓				
30		6620	✓							✓						✓		
31		6621						Sorrel		✓						✓		
32		6622	✓							✓						✓		
33		6623				✓				✓						✓		
34		6624				✓				✓				✓				
35		6625	✓							✓				✓				
36		6626						Sorrel		✓				✓				
37		6627						Sorrel		✓						✓		
38		6628	✓							✓						✓		
39		6629	✓							✓				✓				
40		6630	✓							✓				✓				
41		6631						Appal oosa		✓				✓				
42		6632						Brown		✓						✓		
43		6633	✓							✓						✓		
44		6634	✓							✓				✓				
45	✓	6635						Palo		✓				✓			↓	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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).

SIGNATURE OF (b)(6) rm is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1157

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM029

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	FH	6636						Sorrel		✓						✓	C↗ 14	
17		6637						Black Skin		✓				✓				
18		6638						Sorrel		✓				✓				
19		6639						Brown		✓						✓		
20		6640						Sorrel		✓						✓		
21		6641						Sorrel		✓						✓		
22		6642						Sorrel		✓				✓				
23		6643						Appal Osa		✓				✓				
24		6644						Sorrel		✓				✓				
25		6645	✓							✓						✓		
26		6646						Appal Osa		✓						✓		
27		6647		✓						✓				✓				
28		6648						Sorrel		✓				✓				
29		6649						Sorrel		✓						✓		
30		6650						Brown		✓				✓				
31		6651	✓							✓						✓		
32		6652						Sorrel		✓				✓				
33		6653						Brown		✓				✓				
34		6654						White		✓				✓				
35		6655	✓							✓						✓		
36		6656			✓					✓				✓				
37		6657	✓							✓				✓				
38		6658						Sorrel		✓				✓				
39		6659						Dun		✓				✓				
40		6660			✓					✓				✓				
41		6661						Sorrel		✓						✓		
42		6662						Sorrel		✓				✓				
43		6663						Appalo		✓						✓		
44		6664						Appalo		✓						✓		
45	↓	6665						Palo		✓				✓			↓	

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SIGNATURE (b)(6) ...on contained in this form is true and correct to the best of my knowledge.)

VS FORM 1
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1158

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM079

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.		REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	FH	6666	✓							✓				✓			C↗	14	
17		6667			✓					✓				✓					
18		6668	✓							✓				✓					
19		6669						White		✓				✓					
20		6670						Gray		✓				✓					
21		6671	✓							✓						✓			
22		6672						Brown		✓				✓					
23		6673	✓							✓				✓					
24		6674	✓							✓				✓					
25		6675	✓							✓				✓					
26		6676						Buck Skin		✓				✓					
27		6677	✓							✓				✓					
28		6678	✓							✓				✓					
29		6679						Dun		✓						✓			
30		6680						Appa.		✓						✓			
31		6681						Sorrel		✓				✓					
32		6682						White		✓				✓					
33		6683						Dun		✓				✓					
34		6684				✓				✓				✓					
35		6685						Sorrel		✓						✓			
36		6686						Brown	✓					✓					
37		6687						Roan		✓				✓					
38		6688				✓				✓				✓					
39		6689						Sorrel		✓				✓					
40		6690						Sorrel		✓				✓					
41		6691	✓							✓				✓					
42		6692						Sorrel		✓				✓					
43		6693						Palomino		✓						✓			
44		6694	✓							✓				✓					
45	↓	6695						Buck Skin		✓						✓	↓		

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SIGNATURE [redacted] n contained in this form is true and correct to the best of my knowledge.)

VS FORM 1[redacted]
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1159

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

09-NM029

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	FH	6696						Sorrel		✓				✓			C↗ 1h	
17		6697						Palo		✓				✓				
18		6698	✓							✓				✓				
19		6699						Brown		✓				✓				
20		6700						Brown		✓				✓				
21		6701						Buck Skin		✓						✓		
22		6702						White		✓				✓				
23		6703						Sorrel		✓				✓				
24		6704						White		✓				✓				
25		6705						Buck Skin		✓						✓		
26		6706			✓					✓				✓				
27		6707						Sorrel		✓				✓				
28		6708						Sorrel		✓				✓				
29		6709						Palo SA		✓						✓		
30		6710						White		✓				✓				
31		6711			✓					✓				✓				
32		6712		✓						✓				✓				
33		6713						Roan		✓				✓				
34		6714		✓						✓				✓				
35		6715						Sorrel		✓				✓				
36		6716						Sorrel			✓					✓		
37		6717	✓							✓						✓		
38		6718	✓							✓				✓				
39		6719						Buck Skin		✓				✓				
40		6720						Roan		✓						✓		
41		6721				✓				✓						✓		
42		6722						Sorrel		✓						✓		
43		6723					✓			✓				✓				
44		6724	✓							✓						✓		
45	↓	6725						Sorrel		✓				✓			↓	

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SIGNATUR[redacted] this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1160

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

09-NM029

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	FH	6726	✓							✓						✓	C↗ 14	
17		6727	✓							✓						✓		
18		6728						SORREL					N/A			✓		
19		6729						PALO		✓						✓		
20		6730						WHITE		✓				✓				
21		6731						SORREL		✓				✓				
22		6732	✓							✓				✓				
23		6733			✓					✓				✓				
24		6734						PALOMINO		✓						✓		
25		6735						SORREL		✓						✓		
26		6736						BROWN		✓				✓				
27		6737	✓							✓				✓				
28		6738	✓							✓						✓		
29		6739	✓							✓						✓		
30		6740						SORREL		✓						✓		
31																		
32																		
33																		
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SIGNA[redacted] (b)(6) ion contained in this form is true and correct to the best of my knowledge.)

VS FO[redacted]
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1161

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 350300093
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 05-NOV-09
End: 05-NOV-09

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS EXPORT HEALTH CERT.# 09-NM032
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
05-NOV-09	$ 51.00	Check	1073

1073

BERTHA RUIZ-PACHECO
DBA BERTHA RUIZ
Elisa Griensen 7741
COL Independencia 2
Ciudad Juarez Chih, 32670, Mexico

88-6/1120 2936
2704163266

Date 11-05-

Pay To The Order of U.S.D.A. $ 51 00

FIFTY ONE 00/0 Dollars

Security Features Details on Back.

(b)(6)

WELLS FARGO Wells Fargo Bank, N.A.
El Paso, Texas
wellsfargo.com

For #350300093

(b)(4)

APHIS FORM 81 (REV. 10/96) AUTOMATED Produced by ITC GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No 09-NM032
(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 Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* November 2nd 2009

(Choose one answer and delete the other/*Escoja una respuesta y suprima la otra)*
3. The animals [are free of ectoparasites.] [were treated against ectoparasites.] (Please indicate the date of treatment and the product used.) free of ectoparasites.
[Que se encuentran libres de ectoparásitos.] [Que recibieron un tratamiento.] (Indicando la fecha y el producto utilizado)

4. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

5. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, n han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

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

(b)(6)

Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

Walter F Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6)

11/4/09

Firma del Médico Veterinario que endosa y Fecha

Mexico, Slaughter horse HC
April 2, 2009

#350300093

Health Certificate No. 09-NM032
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
   Nombre y Dirección del Exportador:
   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6201	Gelding	QH	6	Black
6202	Gelding	QH	7	Black
6203	Mare	QH	7	Sorrel
6204	Gelding	QH	6	Paint
6205	Mare	QH	6	Bay
6206	Mare	TB	9	Sorrel
6207	Mare	QH	9	Bay
6208	Mare	QH	8	Black
6209	Mare	QH	6	Bay
6210	Mare	QH	7	Sorrel
6211	Gelding	QH	9	B.Skin
6212	Gelding	QH	9	Bay
6213	Mare	QH	8	White
6214	Gelding	QH	7	Palomino
6215	Mare	QH	6	Sorrel
6216	Gelding	Draft	8	Bay
6217	Mare	QH	7	Bay
6218	Mare	QH	8	Bay
6219	Mare	QH	7	Bay
6220	Gelding	QH	8	Sorrel

FOIA 12-02308 PT-5 Pg. 1164

Health Certificate No. 09-NM032
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
   Nombre y Dirección del Exportador:
   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6221	Gelding	QH	7	Bay
6222	Mare	QH	9	Sorrel
6223	Mare	QH	8	Sorrel
6224	Gelding	QH	9	Brown
6225	Mare	QH	6	Grullo
6226	Mare	QH	9	Paint
6227	Gelding	QH	8	Sorrel
6228	Gelding	QH	9	B.Skin
6229	Mare	QH	9	Sorrel
6230	Mare	QH	6	Sorrel
6231	Mare	QH	8	Bay
6232	Mare	QH	8	Paint
6233	Mare	QH	9	Sorrel
6234	Gelding	QH	8	Sorrel
6235	Gelding	QH	9	Paint
6236	Mare	QH	8	Sorrel
6237	Mare	QH	9	Sorrel
6238	Mare	QH	9	Bay
6239	Mare	QH	8	Sorrel
6240	Mare	QH	8	Palomino

FOIA 12-02308 PT-5 Pg. 1165

Health Certificate No. 09-NM032
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
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   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6241	Mare	QH	9	Roan
6242	Mare	QH	8	White
6243	Mare	QH	9	Paint
6244	Gelding	QH	10	Brown
6245	Gelding	QH	9	Sorrel
6246	Gelding	QH	10	Sorrel
6247	Gelding	QH	7	Black
6248	Gelding	QH	9	Bay
6249	Mare	QH	8	Bay
6250	Gelding	QH	9	Paint
6251	Mare	QH	7	White
6252	Gelding	QH	8	Palomino
6253	Gelding	QH	9	Paint
6254	Gelding	QH	7	Roan
6255	Gelding	TB	9	Sorrel
6256	Gelding	QH	7	Sorrel
6257	Mare	QH	8	Grey
6258	Gelding	QH	7	Bay
6259	Gelding	QH	8	Sorrel
6260	Gelding	QH	9	B.Skin

FOIA 12-02308 PT-5 Pg. 1166

Health Certificate No. 09-NM032
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
   Nombre y Dirección del Exportador:
   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6261	Gelding	QH	9	Sorrel
6262	Gelding	QH	7	Bay
6263	Gelding	QH	9	Sorrel
6264	Gelding	QH	8	Appaloosa
6265	Gelding	QH	9	Bay
6266	Gelding	TB	8	Black
6267	Gelding	QH	9	Sorrel
6268	Gelding	QH	8	Roan
6269	Gelding	QH	9	Bay
6270	Mare	QH	8	Bay
6271	Gelding	QH	7	Roan
6272	Gelding	QH	9	Paint
6273	Mare	QH	6	Sorrel
6274	Mare	QH	8	Sorrel
6275	Gelding	QH	9	Black
6276	Mare	QH	9	Sorrel
6277	Mare	QH	8	Sorrel
6278	Mare	QH	9	Paint
6279	Mare	QH	8	Sorrel
6280	Gelding	QH	7	Appaloosa

FOIA 12-02308 PT-5 Pg. 1167

Health Certificate No. 04-NM032
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

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   Los Lunas, NM 87031
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   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6281	Gelding	QH	8	Sorrel
6282	Mare	TB	9	Sorrel
6283	Gelding	QH	8	Roan
6284	Gelding	QH	9	Bay
6285	Gelding	QH	7	Bay
6286	Gelding	QH	8	Appaloosa
6287	Gelding	QH	7	Sorrel
6288	Mare	QH	8	Roan
6289	Gelding	QH	8	Bay
6290	Mare	QH	7	Sorrel
6291	Gelding	TB	8	Sorrel
6292	Gelding	QH	9	Roan
6293	Gelding	QH	8	Sorrel
6294	Mare	QH	9	White
6295	Gelding	QH	8	Bay
6296	Gelding	QH	7	B.Skin
6297	Gelding	QH	8	Sorrel
6298	Gelding	QH	8	White
6299	Gelding	Donkey	9	Bay
6301	Gelding	QH	7	Paint

FOIA 12-02308 PT-5 Pg. 1168

Health Certificate No. 09-NME32
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
   Nombre y Dirección del Exportador:
   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Numero de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6302	Mare	QH	7	Sorrel
6303	Gelding	QH	9	B.Skin
6304	Gelding	QH	8	Roan
6305	Gelding	QH	7	Roan
6306	Gelding	QH	8	Black
6307	Gelding	QH	10	Roan
6308	Gelding	QH	8	Bay
6309	Gelding	QH	7	Bay
6310	Gelding	QH	8	Appaloosa
6311	Gelding	QH	8	White
6312	Gelding	QH	8	Brown
6313	Gelding	QH	8	Bay
6314	Gelding	QH	6	Bay
6315	Gelding	QH	7	Palomino
6316	Gelding	QH	8	Brown
6317	Gelding	Draft	9	Palomino
6318	Gelding	QH	7	Roan
6319	Gelding	QH	8	Black
6320	Gelding	QH	9	Brown

FOIA 12-02308 PT-5 Pg. 1169

Health Certificate No. 09-NM037
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
Dennis Chavez
24 Dalies Road
Los Lunas, NM 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador:
Bertha Ruiz Pacheco
Carnicos De Jerez
Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Numero de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
6321	Mare	QH	9	Bay
6322	Gelding	QH	8	Sorrel
6323	Gelding	QH	8	Grey
6324	Gelding	QH	9	Appaloosa
6325	Gelding	QH	8	Paint
6326	Gelding	QH	7	Brown
6327	Gelding	QH	6	Brown
6328	Gelding	QH	8	Paint
6329	Gelding	QH	7	Sorrel
6330	Gelding	QH	5	Paint
6331	Mare	QH	4	Pant
6332	Gelding	QH	9	Sorrel
6333	Gelding	QH	9	Palomino
6334	Mare	QH	7	Appaloosa
6335	Gelding	QH	8	Sorrel

FOIA 12-02308 PT-5 Pg. 1170

AFFIDAVIT

DECLARACION JURADA

I Dennis Chavez, declare that, to my best knowledge horses included in this shipment and accompany by the health certificate 09-NM873 have not been fed to or treated within the last ninety (90) days prior to shipment with the following compounds, plants or drugs.

Por estemedio declaro que a mi saber y entender los cabalios en este embarque, acompanados por el certificado sanitario numero 09-NM873 no han sido alimentados o tranados con ninguno de los siguientes, plantas o medicamentos durante los noventa dias antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicines, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

   Aristolochia spp y cualquier otra preparacion derivada de esta planta, cloranfencial, cloroformo, clorpromazina, colchicines, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
   Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthtics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracial.
   Que no fueron empleados los siguientes tirostaticos: tiouracilo, metiluracilo, fentitiuractio y propiltiuraciio.

(b)(6)

Date and Signature of the exporter 11/2/09

Date and Signature of the Notary P 11/2/09

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/27/11

C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 134 head of horses;

tagged 6201 thru 6335 and ----------.

inspected today to accompany Health Certificate No. ———— are in good health and not of Kentucky origin.

C.Y. Brasmer DVM

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM032

TIME HORSES LOADED ON CONVEYANCE: 12:30 PM

DATE: 11/3/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico

(b)(6) [redacted] (b)(6) [redacted]

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco

STREET ADDRESS: 24 Dalies Rd

STREET ADDRESS: Carnicos de Jerez

CITY, STATE, ZIP CODE: Los Lunas, nm 87031

CITY, STATE, ZIP CODE: Santa Teresa, nm 88008

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-252-6614

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	FH	6201			✓					✓						✓	C→14	
2		6202			✓					✓						✓		
3		6203						Sorrel		✓				✓				
4		6204				✓				✓						✓		
5		6205	✓							✓				✓				
6		6206						Sorrel	✓					✓				
7		6207	✓							✓				✓				
8		6208			✓					✓				✓				
9		6209	✓							✓				✓				
10		6210						Sorrel		✓				✓				
11		6211						Buck skin		✓						✓		
12		6212	✓							✓						✓		
13		6213						White		✓				✓				
14		6214						Palomino		✓						✓		
15	↓	6215						Sorrel		✓				✓			↓	

HORSES HA… (b)(6) [redacted] …F 6 CONSECUTIVE HOURS IMM…

SIGNATURE

I HEREBY A… …NFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

SIGN… (b)(6) [redacted] …tion contained in this form is true and correct to the be…

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F… Previous editions are obsolete

FOIA 12-02308 PT-5 Pg. 1173

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM032

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	FH	6216	✓								✓					✓	C↗ 14	
17		6217	✓							✓				✓				
18		6218	✓							✓				✓				
19		6219	✓							✓				✓				
20		6220						Sorrel		✓						✓		
21		6221	✓							✓						✓		
22		6222						Sorrel		✓				✓				
23		6223						Sorrel		✓				✓				
24		6224						Brown		✓						✓		
25		6225						Grulla		✓				✓				
26		6226				✓				✓				✓				
27		6227						Sorrel		✓						✓		
28		6228						Buck skin		✓						✓		
29		6229						Sorrel		✓				✓				
30		6230						Sorrel		✓				✓				
31		6231	✓							✓				✓				
32		6232				✓				✓				✓				
33		6233						Sorrel		✓				✓				
34		6234						Sorrel		✓						✓		
35		6235				✓				✓						✓		
36		6236						Sorrel		✓				✓				
37		6237						Sorrel		✓				✓				
38		6238	✓							✓				✓				
39		6239						Sorrel		✓				✓				
40		6240						Palomino		✓				✓				
41		6241						Roan		✓				✓				
42		6242						White		✓				✓				
43		6243				✓				✓				✓				
44		6244						Brown		✓						✓		
45	↓	6245						Sorrel		✓						✓	↓	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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).

SIGNA[redacted] (b)(6) nation contained in this form is true and correct to the best of my knowledge.)

VS FOR
(SEP 2

FOIA 12-02308 PT-5 Pg. 1174

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

09WM032

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.		REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	FH	6246						SORREL		✓						✓	C↗	14	
17		6247			✓					✓						✓			
18		6248	✓							✓						✓			
19		6249	✓							✓				✓					
20		6250				✓				✓						✓			
21		6251						WHITE		✓				✓					
22		6252						PALOMINO		✓						✓			
23		6253				✓				✓						✓			
24		6254						ROAN		✓						✓			
25		6255						SORREL	✓							✓			
26		6256						SORREL		✓						✓			
27		6257		✓						✓				✓					
28		6258	✓							✓						✓			
29		6259						SORREL		✓						✓			
30		6260						BACK SKIN		✓						✓			
31		6261						SORREL		✓						✓			
32		6262	✓							✓						✓			
33		6263						SORREL		✓						✓			
34		6264						APPALOSA		✓						✓			
35		6265	✓							✓						✓			
36		6266			✓				✓							✓			
37		6267						SORREL		✓						✓			
38		6268						ROAN		✓						✓			
39		6269	✓							✓						✓			
40		6270	✓							✓				✓					
41		6271						ROAN		✓						✓			
42		6272				✓				✓						✓			
43		6273						SORREL		✓				✓					
44		6274						SORREL		✓				✓					
45	↓	6275			✓					✓						✓	↓		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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).

SI[redacted] information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1175

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM032

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	FH	6276						Sorrel		✓				✓			C→ 14	
17		6277						Sorrel		✓				✓				
18		6278				✓				✓				✓				
19		6279						Sorrel		✓				✓				
20		6280						Appal OSH		✓						✓		
21		6281						Sorrel		✓						✓		
22		6282						Sorrel	✓					✓				
23		6283						Roan		✓						✓		
24		6284	✓							✓						✓		
25		6285	✓							✓						✓		
26		6286						Appal OSH		✓						✓		
27		6287						Sorrel		✓						✓		
28		6288						Roan		✓				✓				
29		6289	✓							✓						✓		
30		6290						Sorrel		✓				✓				
31		6291						Sorrel	✓							✓		
32		6292						Roan		✓						✓		
33		6293						Sorrel		✓						✓		
34		6294						White		✓				✓				
35		6295	✓							✓						✓		
36		6296						Buck Skin		✓						✓		
37		6297						Sorrel		✓						✓		
38		6298						White		✓						✓		
39		6299	✓										Donkey			✓		
40		6300				✓				✓						✓		
41		6302						Sorrel		✓				✓				
42		6303						Buck Skin		✓						✓		
43		6304						Roan		✓						✓		
44		6305						Roan		✓						✓		
45	↓	6306			✓					✓						✓	↓	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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).

SIG[redacted] (b)(6) ormation contained in this form is true and correct to the best of my knowledge.)

VS
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1176

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-IV-MO3 2

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE				SEX			BRANDS Tattoos, etc.		REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony Other	Mare	Stal	Geld			
16	FH	6307						ROAN		✓					✓	C→	14	
17		6308	✓							✓					✓			
18		6309	✓							✓					✓			
19		6310						APPAL OSA		✓					✓			
20		6311						WHITE		✓					✓			
21		6312						BROWN		✓					✓			
22		6313	✓							✓					✓			
23		6314	✓							✓					✓			
24		6315						PALOMINO		✓					✓			
25		6316						BROWN		✓					✓			
26		6317						PALOMINO			✓				✓			
27		6318						ROAN		✓					✓			
28		6319			✓					✓					✓			
29		6320						BROWN		✓					✓			
30		6321	✓							✓			✓					
31		6322						SORREL		✓					✓			
32		6323		✓						✓					✓			
33		6324						APPAL OSA		✓					✓			
34		6325				✓				✓					✓			
35		6326						BROWN		✓					✓			
36		6327						BROWN		✓					✓			
37		6328				✓				✓					✓			
38		6329						SORREL		✓					✓			
39		6330				✓				✓					✓			
40		6331				✓				✓			✓					
41		6332						SORREL		✓					✓			
42		6333						PALOMINO		✓					✓			
43		6334						APPALOSA		✓			✓					
44		6335						SORREL		✓					✓			
45	↓															↓		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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).

SIGN (b)(6) n contained in this form is true and correct to the best of my knowledge.)

VS FO
(SEP

FOIA 12-02308 PT-5 Pg. 1177

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 350300042
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 20-OCT-09
End: 20-OCT-09

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: HEALTH CERT# 09-NM025
DENNIS CHAVEZ,24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
20-OCT-09	$ 51.00	Money Order	09-161101247

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION | MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

09-161101247
82-40/1021

VALERO (ISSUER'S AGENT)

AGENT 605307 DATE 101509
TIME 1225 02
091611012474 LOCATION 001238

51.00 ****

#3503 00042

** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF U.S.D.A.

BERTHA PURCHASER'S ADDRESS Ruiz P.

(b)(6)

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable

:102100400: 400916110124 74"

.l be issued by the USDA, APHIS
.l your payment to: USDA/APHIS,

or a US postal Money Order, the
.eared. If you have any

APHIS FORM 81 (REV. 10/96) AUTOMATED

Produced by ITC

GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. 09-NM025
(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 Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* October 15, 2009

(Choose one answer and delete the other/*Escoja una respuesta y suprima la otra)*
3. The animals [are free of ectoparasites.] [were treated against ectoparasites,] (Please indicate the date of treatment and the product used.) Free of Ectoparasites
[Que se encuentran libres de ectoparásitos.] [Que recibieron un tratamiento.] (Indicando la fecha y el producto utilizado)

4. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

5. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

C,Y. BRASMER
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

(b)(6)

Signature of A terinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

Walter F. Houp
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario (Federal que endosa

(b)(6)

10/16/09
terinarian
and Date
Firma del Médico Veterinario que endosa y Fecha

Mexico, Slaughter horse HC
April 2, 2009

#350300042

Health Certificate No. 09-NM025
(Valid only if the USDA Veterinarian-in-Charge Approves and Countersigns Below)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:
   Nombre y Dirección del Exportador:
   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador:
   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4801	Gelding	QH	9	Black
4802	Gelding	QH	8	Sorrel
4803	Mare	QH	10	Sorrel
4804	Mare	QH	7	Sorrel
4805	Gelding	QH	11	Black
4806	Mare	QH	9	Bay
4807	Mare	QH	10	Gray
4808	Gelding	QH	7	Black
4809	Mare	QH	8	Paint
4810	Gelding	Pony	10	Roan
4811	Mare	QH	12	Gray
4812	Mare	QH	12	Bay
4813	Mare	QH	9	Dun
4814	Gelding	QH	10	White
4815	Gelding	QH	12	Bay
4816	Mare	QH	8	Sorrel

FOIA 12-02308 PT-5 Pg. 1180

Health Certificate No. 09-NM025
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USDA

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Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4817	Mare	QH	5	Bay
4818	Gelding	TB	8	Black
4819	Gelding	QH	9	Bay
4820	Gelding	QH	6	Paint
4821	Mare	QH	10	Sorrel
4822	Mare	QH	10	Chestnut
4823	Mare	QH	12	Sorrel
4824	Mare	QH	11	White
4825	Mare	QH	3	Buckski
4826	Mare	QH	5	Sorrel
4827	Gelding	QH	10	Bay
4828	Mare	QH	8	Chestnut
4829	Gelding	QH	7	Black
4830	Gelding	QH	5	White
4831	Mare	TB	8	Bay
4832	Mare	QH	8	Sorrel

Health Certificate No. 09-NM025
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   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4833	Mare	QH	10	Sorrel
4834	Mare	QH	10	Chestnut
4835	Gelding	TB	13	Bay
4836	Mare	QH	12	Appaloosa
4837	Mare	Pony	10	Appaloosa
4838	Mare	QH	4	Bay
4839	Gelding	QH	7	Bay
4840	Mare	QH	9	Gray
4841	Mare	TB	9	Bay
4842	Mare	QH	8	Bay
4843	Gelding	TB	10	Black
4844	Mare	QH	7	Bay
4845	Gelding	Pony	7	Paint
4846	Gelding	QH	8	Sorrel
4847	Mare	QH	10	Paint
4848	Mare	QH	11	Black

Health Certificate No. 09-NM025

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4849	Gelding	QH	9	Bay
4850	Mare	QH	10	Sorrel
4851	Gelding	QH	9	Palomino
4852	Mare	TB	11	Bay
4853	Gelding	QH		Appaloosa
4854	Mare	QH	6	Bay
4855	Gelding	QH	8	Sorrel
4856	Mare	QH	6	Paint
4857	Gelding	QH	9	White
4858	Gelding	QH	9	Bay
4859	Gelding	TB	10	Bay
4860	Mare	QH	9	SSorrel
4861	Mare	QH	7	Black
4862	Gelding	QH	4	Buckskin
4863	Gelding	QH	4	Bay
4864	Mare	QH	6	Black
4865	Mare	QH	10	Bay

FOIA 12-02308 PT-5 Pg. 1183

Health Certificate No. 09-NM02[illegible]

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4866	Mare	QH	12	Sorrel
4867	Gelding	QH	12	Appaloosa
4868	Mare	QH	6	Sorrel
4869	Mare	QH	8	Sorrel
4870	Mare	QH	5	Bay
4871	Gelding	QH	10	Dun
4872	Mare	QH	8	Sorrel
4873	Gelding	QH	13	Sorrel
4874	Mare	QH	10	Paint
4875	Gelding	QH	9	White
4876	Gelding	QH	3	Palomino
4877	Gelding	QH	13	Sorrel
4878	Mare	QH	10	Bay
4879	Gelding	QH	8	Bay
4880	Mare	QH	8	White
4881	Mare	QH	5	Sorrel

Health Certificate No. 09-NM025
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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   Carnicos De Jerez
   Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4882	Mare	QH	7	Black
4883	Gelding	QH	8	White
4884	Mare	QH	6	Sorrel
4885	Mare	QH	15	Chestnut
4886	Mare	QH	8	Sorrel
4887	Mare	QH	10	Buckskin
4888	Gelding	QH	4	Bay
4889	Mare	QH	7	Sorrel
4890	Gelding	QH	7	Buckskin
4891	Gelding	TB	10	Bay
4892	Mare	QH	9	Black
4893	Gelding	QH	8	Gray
4894	Gelding	QH	8	Appaloosa
4895	Mare	QH	15	Black
4896	Mare	QH	10	Bay
4897	Mare	QH	7	White

Health Certificate No. 09-NM02

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Numero de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4898	Gelding	QH	6	Sorrel
4899	Gelding	QH	6	Black
4901	Mare	QH	6	Bay
4902	Gelding	QH	7	White
4903	Gelding	QH	14	Sorrel

FOIA 12-02308 PT-5 Pg. 1186

Health Certificate No. 09-NM07[illegible]

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Carnicos De Jerez
Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4951	Mare	QH	19	Bay
4952	Gelding	QH	9	Buckskin
4953	Mare	QH	13	Brown
4954	Gelding	QH	10	Bay
4955	Gelding	TB	8	Bay
4956	Gelding	QH	12	Dun
4957	Mare	QH	13	Bay
4958	Mare	QH	3	Gray
4959	Mare	QH	3	Sorrel
4960	Gelding	QH	4	Bay
4961	Mare	QH	3	Sorrel
4962	Gelding	QH	9	Paint
4963	Mare	QH	4	Bay
4964	Mare	QH	5	Black
4965	Gelding	QH	5	Sorrel
4966	Mare	QH	4	Roan

Health Certificate No. 09-NM025

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4967	Gelding	QH	5	Black
4968	Mare	QH	4	Buckskin
4969	Mare	QH	5	White
4970	Mare	QH	9	Paint
4971	Mare	QH	8	Bay
4972	Gelding	QH	3	Paint
4973	Gelding	QH	3	Roan
4974	Gelding	QH	3	Sorrel
4975	Mare	QH	2	Brown
4976	Gelding	QH	5	Gray
4977	Gelding	QH	3	Sorrel
4978	Mare	QH	2	Grulla
4979	Mare	QH	5	Bay
4980	Mare	QH	2	Black
4981	Gelding	QH	2	Black
4982	Mare	QH	2	Brown

Health Certificate No. 09-NM025

[redacted]

USDA

[redacted]

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4983	Mare	QH	7	Black
4984	Mare	QH	5	Paint
4985	Mare	QH	3	White
4986	Mare	QH	6	Paint
4987	Mare	QH	4	Roan
4988	Gelding	QH	3	Sorrel
4989	Gelding	QH	4	Sorrel
4990	Mare	QH	5	White
4991	Mare	QH	3	Brown
4992	Mare	QH	13	Black

AFFIDAVIT

DECLARACION JURADA

I Dennis Chavez, declare that, to my best knowledge horses included in this shipment and accompany by the health certificate 09-NM025 have not been fed to or treated within the last ninety (90) days prior to shipment with the following compounds, plants or drugs.

Por estemedio declaro que a mi saber y entender los cabalios en este embarque, acompanados por el certificado sanitario numero 09-NM025 lo han sido alimentados o tranados con ninguno de los siguientes, plantas o medicamentos durante los noventa dias antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicines, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

   Aristolochia spp y cualquier otra preparacion derivada de esta planta, cloranfencial, cloroformo, clorpromazina, colchicines, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
   Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthtics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracial.
   Que no fueron empleados los siguientes tirostaticos: tiouracilo, metiluracilo, fentitiuractio y propiltiuraciio.

Date and Signature of the exporter [redacted] 10/15/09

Date and Signature of the Notary Pub 10/15/09

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/27/11

C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 144 head of horses;

tagged 4801 thru 4899 and 4901 thru 4903, 4951 thru 4992

inspected today to accompany Health Certificate No. ———— are in good health and not of Kentucky origin.



C.Y. Brasmer DVM

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

09-NM025

TIME HORSES LOADED ON CONVEYANCE: 8:30 PM

DATE: 10/15/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas NM

(b)(6)

NAME OF AUCTION/MARKET: Southwest Livestock Auction

DENNIS CHAVEZ

CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco

STREET ADDRESS: 24 Dalies Rd

STREET ADDRESS: Carnicos De Jerez

CITY, STATE, ZIP CODE: Los Lunas, NM 87031

CITY, STATE, ZIP CODE: Jerez, Zacatecas MX

AREA CODE & TELEPHONE NO.: 505. 865-4600

AREA CODE & TELEPHONE NO.: 915-252-6614

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFH	4801			✓					✓						✓	C→ 14	
2		4802						Sorrel		✓						✓		
3		4803						Sorrel		✓				✓				
4		4804						Sorrel		✓				✓				
5		4805			✓					✓						✓		
6		4806	✓							✓				✓				
7		4807		✓						✓				✓				
8		4808			✓					✓						✓		
9		4809				✓				✓				✓				
10		4810						Roan				✓				✓		
11		4811		✓						✓				✓				
12		4812	✓							✓				✓				
13		4813						Dun		✓				✓				
14		4814						White		✓						✓		
15	↓	4815	✓							✓						✓	↓	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA

(b)(6)

SIGNATURE

I HEREBY AUTH[illegible] AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

SIGNATURE OF O[illegible] (b)(6) [illegible]ntained in this form is true and correct to the best of my know[illegible]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 Previous editions are obsolete

FOIA 12-02308 PT-5 Pg. 1192

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM025

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4816						Sorrel		✓				✓			C→ 14	
17		4817	✓							✓				✓				
18		4818			✓				✓							✓		
19		4819	✓							✓						✓		
20		4820				✓				✓						✓		
21		4821						Sorrel		✓				✓				
22		4822					✓			✓				✓				
23		4823						Sorrel		✓				✓				
24		4824						White		✓				✓				
25		4825						Buckskin		✓				✓				
26		4826						Sorrel		✓				✓				
27		4827	✓							✓						✓		
28		4828					✓			✓				✓				
29		4829			✓					✓						✓		
30		4830						White		✓						✓		
31		4831	✓						✓					✓				
32		4832						Sorrel		✓				✓				
33		4833						Sorrel		✓				✓				
34		4834					✓			✓				✓				
35		4835	✓						✓							✓		
36		4836						Appaloosa		✓				✓				
37		4837						Appaloosa				✓		✓				
38		4838	✓							✓				✓				
39		4839	✓							✓						✓		
40		4840		✓						✓				✓				
41		4841	✓						✓					✓				
42		4842	✓							✓				✓				
43		4843			✓				✓							✓		
44		4844	✓							✓				✓				
45	↓	4845				✓						✓				✓	↓	

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SIGNATU[redacted] (b)(6) is form is true and correct to the best of my knowledge.)

FOIA 12-02308 PT-5 Pg. 1193

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

09-NM025

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4846						Sorrel		✓						✓	C↗ 14	
17		4847				✓				✓				✓				
18		4848			✓					✓				✓				
19		4849	✓							✓						✓		
20		4850						Sorrel		✓				✓				
21		4851						Palo		✓						✓		
22		4852	✓						✓					✓				
23		4853						Appaloosa		✓						✓		
24		4854	✓							✓				✓				
25		4855						Sorrel		✓						✓		
26		4856				✓				✓				✓				
27		4857						White		✓						✓		
28		4858	✓							✓						✓		
29		4859	✓						✓							✓		
30		4860						Sorrel		✓				✓				
31		4861			✓					✓				✓				
32		4862						Backskin		✓						✓		
33		4863	✓							✓						✓		
34		4864			✓					✓				✓				
35		4865	✓							✓				✓				
36		4866						Sorrel		✓				✓				
37		4867						Appaloosa		✓						✓		
38		4868						Sorrel		✓				✓				
39		4869						Sorrel		✓				✓				
40		4870	✓							✓				✓				
41		4871						Dun		✓						✓		
42		4872						Sorrel		✓				✓				
43		4873						Sorrel		✓						✓		
44		4874				✓				✓				✓				
45	↓	4875						White		✓						✓	↓	

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SIGNATURE (b)(6) n this form is true and correct to the best of my knowledge.)

FOIA 12-02308 PT-5 Pg. 1194

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM02

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4876						Pal		✓						✓	C↗ 14	
17		4877						Sorrel		✓						✓		
18		4878	✓							✓				✓				
19		4879	✓							✓						✓		
20		4880						White		✓				✓				
21		4881						Sorrel		✓				✓				
22		4882			✓					✓				✓				
23		4883						White		✓						✓		
24		4884						Sorrel		✓				✓				
25		4885					✓			✓				✓				
26		4886						Sorrel		✓				✓				
27		4887						Buckskin		✓				✓				
28		4888	✓							✓						✓		
29		4889						Sorrel		✓				✓				
30		4890						Buckskin		✓						✓		
31		4891	✓						✓							✓		
32		4892			✓					✓				✓				
33		4893		✓						✓						✓		
34		4894						Appaloosa		✓						✓		
35		4895			✓					✓				✓				
36		4896	✓							✓				✓				
37		4897						White		✓				✓				
38		4898						Sorrel		✓						✓		
39		4899			✓					✓						✓		
40		4901	✓							✓				✓				
41		4902						White		✓						✓		
42	✓	4903						Sorrel		✓						✓	↓	
43																		
44																		
45																		

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SIGNATURE OF (b)(5) rm is true and correct to the best of my knowledge.)

VS FORM 10-13
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1195

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

09-NM02

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4951	✓							✓				✓			C↗ 14	
17		4952						Buckskin		✓						✓		
18		4953						Brown		✓				✓				
19		4954	✓							✓						✓		
20		4955	✓						✓							✓		
21		4956						Dun		✓						✓		
22		4957	✓							✓				✓				
23		4958		✓						✓				✓				
24		4959						Sorrel		✓				✓				
25		4960	✓							✓						✓		
26		4961						Sorrel		✓				✓				
27		4962				✓				✓						✓		
28		4963	✓							✓				✓				
29		4964			✓					✓				✓				
30		4965						Sorrel		✓						✓		
31		4966						Roan		✓				✓				
32		4967			✓					✓						✓		
33		4968						Buckskin		✓				✓				
34		4969						White		✓				✓				
35		4970				✓				✓				✓				
36		4971	✓							✓				✓				
37		4972				✓				✓						✓		
38		4973						Roan		✓						✓		
39		4974						Sorrel		✓						✓		
40		4975						Brown		✓				✓				
41		4976		✓						✓						✓		
42		4977						Sorrel		✓						✓		
43		4978						Grulla		✓				✓				
44		4979	✓							✓				✓				
45	↓	4980			✓					✓				✓			↓	

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SIGNATUR[redacted] this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM
(SEP 2002

FOIA 12-02308 PT-5 Pg. 1196

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

09-NM07

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4981			✓					✓						✓	C↗ 14	
17		4982						BROWN		✓				✓				
18		4983			✓					✓				✓				
19		4984				✓				✓				✓				
20		4985						White		✓				✓				
21		4986				✓				✓				✓				
22		4987						ROAN		✓				✓				
23		4988						SORREL		✓						✓		
24		4989						SORREL		✓						✓		
25		4990						White		✓				✓				
26		4991						BROWN		✓				✓				
27	↓	4992			✓					✓				✓			↓	
28																		
29																		
30																		
31																		
32																		
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SIGNA [redacted] contained in this form is true and correct to the best of my knowledge.)

VS FO
(SEP 2

FOIA 12-02308 PT-5 Pg. 1197

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 350300008
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 03-OCT-09
End: 03-OCT-09
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS FORM 17-140 CERT#09-NM018 (SERVICE 9-28-09 UFS OF $49.00
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
03-OCT-09	$ 49.00	Money Order	09-125144755

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION | MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

09-125144755
82-40/1021

VALERO (ISSUER'S AGENT)

AGENT 605307 DATE 092909
TIME 0820 07
091251447552 LOCATION 001238

49 00 ****

#35030008

** PAY EXACTLY FORTY-NINE DOLLARS AND NO CENTS **********

PAY EXACTLY
PAY TO THE ORDER OF U. S. A.

BERTHA

PURCHASER'S ADDRESS (b)(6)

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc. Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑈102100400⑈ 4009125144755 2⑈

ck or bank draft) payable

iit. Payment must

. be issued by the USDA, APHIS
. your payment to: USDA/APHIS,

r a US postal Money Order, the
ared. If you have any

APHIS FORM 81 (REV. 10/96) AUTOMATED *Produced by ITC* GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. 07-NM018
(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 Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* SEPTEMBER 29, 2009

(Choose one answer and delete the other/*Escoja una respuesta y suprima la otra)*
3. The animals [are free of ectoparasites.] [were treated against ectoparasites.] (Please indicate the date of treatment and the product used.) FREE OF ECTOPARASITES
[Que se encuentran libres de ectoparásitos.] [Que recibieron un tratamiento.] (Indicando la fecha y el producto utilizado)

4. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

5. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

C.Y. BRASMER
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

(b)(6)

9/29/09
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa

(b)(6)

9/30/09
Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

Mexico, Slaughter horse HC
April 2, 2009

#350300008

Health Certificate No. 09-NM018
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

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

   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031

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

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4001	Mare	QH	6	Sorrel
4002	Gelding	QH	9	Black
4003	Gelding	QH	8	Black
4004	Mare	QH	7	Bay
4005	Mare	QH	6	Black
4006	Mare	QH	6	Black
4007	Gelding	QH	7	White
4008	Gelding	TB	9	Bay
4009	Mare	QH	7	Grulla
4010	Mare	TB	9	Brown
4011	Mare	QH	10	Brown
4012	Mare	QH	8	Palomino
4013	Mare	QH	9	Sorrel
4014	Mare	QH	8	Bay
4015	Mare	QH	9	Sorrel
4016	Mare	QH	7	Bay

Health Certificate No. 09-NM018
(Valid only if Lead USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Los Lunas, NM 87031

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   Carnicos De Jerez
   Jerez, Zacatecas MX

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Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4017	Gelding	QH	8	Sorrel
4018	Gelding	QH	8	Bay
4019	Mare	QH	9	Sorrel
4020	Gelding	QH	8	Paint
4021	Mare	QH	6	Roan
4022	Mare	QH	9	Roan
4023	Mare	QH	9	Sorrel
4024	Mare	QH	7	Buckskin
4025	Mare	QH	6	Paint
4026	Mare	QH	9	Black
4027	Mare	QH	8	Sorrel
4028	Mare	QH	7	Sorrel
4029	Gelding	QH	8	Black
4030	Mare	Mule	6	Black
4031	Mare	QH	9	Brown
4032	Mare	QH	10	White

Health Certificate No. 09-NM018
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Los Lunas, NM 87031

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   Nombre y Dirección del Importador:

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4033	Mare	QH	8	Roan
4034	Mare	QH	9	Black
4035	Gelding	QH	8	Sorrel
4036	Gelding	QH	9	Paint
4037	Mare	TB	10	Bay
4038	Mare	QH	6	White
4039	Gelding	QH	9	Sorrel
4040	Gelding	Mule	7	Black
4041	Mare	QH	8	Sorrel
4042	Gelding	QH	9	Brown
4043	Gelding	TB	9	Bay
4044	Mare	QH	6	Buckskin
4045	Gelding	QH	7	Bay
4046	Gelding	TB	9	Black
4047	Gelding	QH	8	Paint
4048	Gelding	QH	9	Palomino

Health Certificate No. 09-NM018
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Los Lunas, NM 87031

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   Nombre y Dirección del Importador:

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4049	Mare	QH	8	Paint
4050	Mare	QH	9	Black
4051	Mare	QH	8	Paint
4052	Gelding	QH	7	Bay
4053	Mare	QH	9	Black
4054	Mare	QH	11	Appaloosa
4055	Mare	QH	10	Bay
4056	Gelding	QH	8	Roan
4057	Mare	QH	8	Paint
4058	Mare	QH	9	Chestnut
4059	Gelding	QH	12	Black
4060	Mare	QH	10	Sorrel
4061	Gelding	QH	9	Bay
4062	Gelding	QH	7	Sorrel
4063	Mare	QH	8	Roan
4064	Gelding	QH	7	Black

Health Certificate No. 09-NM018

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid, it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

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

Dennis Chavez
24 Dalies Road
Los Lunas, NM 87031

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

Bertha Ruiz Pacheco
Carnicos De Jerez
Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4065	Gelding	QH	9	Sorrel
4066	Gelding	QH	8	Bay
4067	Mare	QH	7	Paint
4068	Mare	QH	12	Appaloosa
4069	Mare	QH	9	Sorrel
4070	Mare	QH	10	Appaloosa
4071	Mare	QH	7	White
4072	Mare	QH	8	Bay
4073	Gelding	QH	9	Paint
4074	Gelding	QH	9	Paint
4075	Mare	QH	7	Black
4076	Mare	QH	10	White
4077	Mare	QH	8	Dun
4078	Mare	QH	9	Paint
4079	Mare	QH	10	Bay
4080	Gelding	QH	9	Sorrel

FOIA 12-02308 PT-5 Pg. 1204

Health Certificate No. 09-NM010

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

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   Nombre y Dirección del Exportador:

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   24 Dalies Road
   Los Lunas, NM 87031

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

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4081	Mare	QH	7	Sorrel
4082	Mare	QH	6	Paint
4083	Gelding	QH	9	Grey
4084	Mare	QH	8	Bay
4085	Mare	QH	7	Sorrel
4086	Mare	QH	9	Paint
4087	Gelding	TB	10	Appaloosa
4088	Mare	QH	9	Roan
4089	Mare	QH	7	Chestnut
4090	Gelding	QH	9	Bay
4091	Mare	TB	12	Bay
4092	Mare	QH	9	Sorrel
4093	Gelding	QH	7	Sorrel
4094	Mare	QH	8	Sorrel
4095	Mare	QH	9	Sorrel
4096	Mare	QH	9	Sorrel

Health Certificate No. 09-NM018
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Los Lunas, NM 87031

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

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4097	Mare	QH	10	Roan
4098	Gelding	QH	11	Brown
4099	Mare	QH	7	Roan
4100	Mare	QH	9	Sorrel
4101	Mare	QH	7	Roan
4102	Gelding	QH	7	White
4103	Gelding	QH	11	Sorrel
4104	Gelding	TB	9	Bay
4105	Gelding	QH	9	Bay
4106	Mare	QH	6	Sorrel
4107	Mare	QH	12	Bay
4108	Mare	QH	9	Bay
4109	Gelding	QH	10	Bay
4110	Gelding	QH	8	Paint
4111	Gelding	TB	9	Bay
4112	Mare	QH	7	Sorrel

Health Certificate No. 09-NM016

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid, it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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1. Name and Address of Exporter:
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24 Dalies Road
Los Lunas, NM 87031

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

Bertha Ruiz Pacheco
Carnicos De Jerez
Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4113	Mare	QH	9	White
4114	Mare	QH	12	Paint
4115	Mare	QH	8	Bay
4116	Mare	QH	11	Bay
4117	Mare	QH	9	Sorrel
4118	Mare	QH	11	Sorrel
4119	Mare	QH	10	Paint
4120	Mare	QH	9	Grey
4121	Gelding	QH	11	Sorrel
4122	Gelding	QH	9	Roan
4123	Gelding	QH	10	Sorrel
4124	Gelding	QH	8	Paint
4125	Gelding	TB	9	Brown
4126	Gelding	QH	9	Bay
4127	Mare	QH	11	Paint
4128	Gelding	QH	10	Brown

FOIA 12-02308 PT-5 Pg. 1207

Health Certificate No. 09-NM018
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Nombre y Dirección del Exportador:

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   24 Dalies Road
   Los Lunas, NM 87031

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

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4129	Gelding	QH	7	Bay
4130	Gelding	QH	9	Sorrel
4131	Gelding	QH	9	Bay
4132	Mare	QH	8	Roan
4133	Mare	TB	11	Sorrel
4134	Mare	QH	9	Grey
4135	Gelding	TB	10	Bay
4136	Gelding	QH	9	Palomino
4137	Mare	QH	8	Bay
4138	Gelding	QH	7	Sorrel
4139	Gelding	TB	12	Bay
4140	Mare	QH	7	White
4141	Gelding	QH	9	Buckskin
4142	Gelding	QH	8	Bay
4143	Mare	QH	7	Sorrel
4144	Mare	QH	8	Buckskin

Health Certificate No. 09-NM01

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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   24 Dalies Road
   Los Lunas, NM 87031

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

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4145	Gelding	QH	7	Chestnut
4146	Mare	QH	8	Black
4147	Gelding	QH	11	Sorrel
4148	Mare	TB	12	Sorrel
4149	Gelding	TB	10	Bay
4150	Mare	QH	9	Sorrel
4151	Mare	Mule	7	Black
4152	Mare	QH	12	Grulla
4153	Mare	QH	9	Sorrel
4154	Gelding	QH	10	Bay
3515	Mare	TB	9	Sorrel
3808	Gelding	QH	8	Sorrel
3950	Gelding	QH	7	Bay
3961	Mare	TB	10	Bay

FOIA 12-02308 PT-5 Pg. 1209

AFFIDAVIT

DECLARACION JURADA

I Dennis Chavez, declare that, to my best knowledge horses included in this shipment and accompany by the health certificate 09-NM018 have not been fed to or treated within the last ninety (90) days prior to shipment with the following compounds, plants or drugs.

Por estemedio declaro que a mi saber y entender los cabalios en este embarque, acompanados por el certificado sanitario numero 09-NM018 no han sido alimentados o tranados con ninguno de los siguientes, plantas o medicamentos durante los noventa dias antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicines, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

   Aristolochia spp y cualquier otra preparacion derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicines, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
   Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthtics substances were not used: thiouracil, methylthiouracil, henylthiouracil and propylthiouracial.
   Que no fueron empleados los siguientes tirostaticos: tiouracilo, metiluracilo, fentiluractic y propiltiuracilo.

(b)(6)

Date and Signature of the exporter _____ 9/29/09

Date and Signature of the Notary Public _____ 9/29/09

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 1/27/11

C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 158 head of horses;

tagged 4001 thru 4154 and 3515, 3808, 3950 & 3961

inspected today to accompany Health Certificate No. ———— are in good health and not of Kentucky origin.



C.Y. Brasmer DVM

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM018

TIME HORSES LOADED ON CONVEYANCE
(b)(6)

DATE
4/29/09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
LOS LUNAS NEW MEXICO

VEHICLE LICENSE NO. AND DRIVER'S NAME
5:30 PM

NAME OF AUCTION/MARKET
SOUTHWEST LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME
DENNIS CHAVEZ

CONSIGNEE (RECEIVER/DESTINATION) NAME
BERTHA RUIZ PACHECO

STREET ADDRESS
24 DALIES RD

STREET ADDRESS
CARNICAS DE JEREZ

CITY, STATE, ZIP CODE
LOS LUNAS, NM 87031

CITY, STATE, ZIP CODE
SANTA TERESA, NM 88008

AREA CODE & TELEPHONE NO.
505-865-4600

AREA CODE & TELEPHONE NO.
915-252-6614

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFH	4001						SORREL		✓				✓			CL+	
2		4002			✓					✓						✓		
3		4003			✓					✓						✓		
4		4004	✓							✓				✓				
5		4005			✓					✓				✓				
6		4006			✓					✓				✓				
7		4007						WHITE		✓						✓		
8		4008	✓						✓							✓		
9		4009						GRULLA		✓				✓				
10		4010						BROWN	✓					✓				
11		4011						BROWN		✓				✓				
12		4012						PALOMINO		✓				✓				
13		4013						SORREL		✓				✓				
14		4014	✓							✓				✓				
15		4015						SORREL		✓				✓				

HORSES HAVE HAD AC (b)(6) FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY P E.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. 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).

SIGNATURE OF OWNE (b)(6) n contained in this form is true and correct to the best of my knowledg

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (A Previous editions are obsolete

FOIA 12-02308_PT-5_Pg. 1212

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM018

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4016	✓							✓				✓			C-1 LH	
17		4017						sorrel		✓						✓		
18		4018	✓							✓						✓		
19		4019						sorrel		✓				✓				
20		4020						paint		✓						✓		
21		4021						Roan		✓				✓				
22		4022						Roan		✓				✓				
23		4023						sorrel		✓				✓				
24		4024						buck skin		✓				✓				
25		4025						paint		✓				✓				
26		4026			✓					✓				✓				
27		4027						sorrel		✓				✓				
28		4028						sorrel		✓				✓				
29		4029			✓					✓						✓		
30		4030			✓								mule	✓				
31		4031						Brown		✓				✓				
32		4032						white		✓				✓				
33		4033						Roan		✓				✓				
34		4034			✓					✓				✓				
35		4035						sorrel		✓						✓		
36		4036						paint		✓						✓		
37		4037	✓						✓					✓				
38		4038						white		✓				✓				
39		4039						sorrel		✓						✓		
40		4040			✓								mule			✓		
41		4041						sorrel		✓				✓				
42		4042						Brown		✓						✓		
43		4043	✓						✓							✓		
44		4044						buck skin		✓				✓				
45	↓	4045	✓							✓						✓	↓	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR K[illegible] ORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR [illegible] 18 U.S.C. SECTION 1001).

SIGNATURE OF OWN[illegible] (b)(6) contained in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PIT-5 Pg. 1213

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM018

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4046			✓				✓							✓	C LH	
17		4047						paint		✓						✓		
18		4048						palomino		✓						✓		
19		4049						paint		✓				✓				
20		4050			✓					✓				✓				
21		4051						paint		✓				✓				
22		4052	✓							✓						✓		
23		4053			✓					✓				✓				
24		4054						Roan		✓				✓				
25		4055	✓							✓				✓				
26		4056						Roan		✓						✓		
27		4057						paint		✓				✓				
28		4058					✓			✓				✓				
29		4059			✓					✓						✓		
30		4060						sorrel		✓				✓				
31		4061	✓							✓						✓		
32		4062						sorrel		✓						✓		
33		4063						Roan		✓				✓				
34		4064			✓					✓						✓		
35		4065						sorrel		✓						✓		
36		4066	✓							✓						✓		
37		4067						paint		✓				✓				
38		4068						Appaloosa		✓				✓				
39		4069						sorrel		✓				✓				
40		4070						Appaloosa		✓				✓				
41		4071						white		✓				✓				
42		4072	✓							✓				✓				
43		4073						paint		✓						✓		
44		4074						paint		✓						✓		
45		4075			✓					✓				✓				

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FOR[redacted] A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMEN[redacted]. SECTION 1001).

SIGNATURE O[redacted] in this form is true and correct to the best of my knowledge.)

VS FORM 10-13
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1214

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

CO-NM018

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4076						White		✓				✓			C LH	
17		4077						Dun		✓				✓				
18		4078						paint		✓				✓				
19		4079	✓							✓				✓				
20		4080						Sorrel		✓						✓		
21		4081						Sorrel		✓				✓				
22		4082						paint		✓				✓				
23		4083		✓						✓						✓		
24		4084	✓							✓				✓				
25		4085						Sorrel		✓				✓				
26		4086						paint		✓				✓				
27		4087						Appalosa	✓							✓		
28		4088						Roan		✓				✓				
29		4089					✓			✓				✓				
30		4090	✓							✓						✓		
31		4091	✓						✓					✓				
32		4092						Sorrel		✓				✓				
33		4093						Sorrel		✓						✓		
34		4094						Sorrel		✓				✓				
35		4095						Sorrel		✓				✓				
36		4096						Sorrel		✓				✓				
37		4097						ROAN		✓				✓				
38		4098						Brown		✓						✓		
39		4099						Roan		✓				✓				
40		4100						Sorrel		✓				✓				
41		4101						Roan		✓				✓				
42		4102						White		✓						✓		
43		4103						Sorrel		✓						✓		
44		4104	✓						✓							✓		
45		4105	✓							✓						✓		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM C[redacted] (b)(6) [redacted] RIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT F[redacted] ECTION 1001).

SIGNATURE OF O[redacted] this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1215

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

09-NM018

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4106						sorrel		✓				✓			↻ LH	
17		4107	✓							✓				✓				
18		4108	✓							✓				✓				
19		4109	✓							✓						✓		
20		4110						paint		✓						✓		
21		4111	✓						✓							✓		
22		4112						sorrel		✓				✓				
23		4113						white		✓				✓				
24		4114						paint		✓				✓				
25		4115	✓							✓				✓				
26		4116	✓							✓				✓				
27		4117						sorrel		✓				✓				
28		4118						sorrel		✓				✓				
29		4119						paint		✓				✓				
30		4120		✓						✓				✓				
31		4121						sorrel		✓						✓		
32		4122						ROAN		✓						✓		
33		4123						sorrel		✓						✓		
34		4124						paint		✓						✓		
35		4125						Brown	✓							✓		
36		4126	✓							✓						✓		
37		4127						paint		✓				✓				
38		4128						Brown		✓						✓		
39		4129	✓							✓						✓		
40		4130						sorrel		✓						✓		
41		4131	✓							✓						✓		
42		4132						ROAN		✓				✓				
43		4133						sorrel	✓					✓				
44		4134		✓						✓				✓				
45	↓	4135	✓						✓							✓	↓	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. 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 IMPRISONMEN (b)(6) . SECTION 1001).

SIGNATURE O d in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1216

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

07-NM018

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	4136						Palomino		✓						✓	↻ H	
17		4137	✓							✓				✓				
18		4138						Sorrel		✓						✓		
19		4139	✓						✓							✓		
20		4140						White		✓				✓				
21		4141						Buck Skin		✓						✓		
22		4142	✓							✓						✓		
23		4143						Sorrel		✓				✓				
24		4144						Buck Skin		✓				✓				
25		4145					✓			✓						✓		
26		4146			✓					✓				✓				
27		4147						Sorrel		✓						✓		
28		4148						Sorrel	✓					✓				
29		4149	✓						✓							✓		
30		4150						Sorrel		✓				✓				
31		4151			✓								Mule	✓				
32		4152						Gurrio		✓				✓				
33		4153						Sorrel		✓				✓				
34		4154	✓							✓						✓		
35		3515						Sorrel	✓					✓				
36		3808						Sorrel		✓						✓		
37		3950	✓							✓						✓		
38		3961	✓						✓					✓				
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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SIG[redacted] rmation contained in this form is true and correct to the best of my knowledge.)

VS
(SEP 2002)

FOIA 12-02308 PT-5 Pg. 1217

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 350300028
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 09-OCT-09
End: 09-OCT-09
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS FORM 17-140 CERT#09-NM021
DENNIS CHAVEZ, 24 DALIES RD., LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
09-OCT-09	$ 51.00	Money Order	09-161101201

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. · ISSUER
Englewood, Colorado

09-161101201
82-40/1021

VALERO (ISSUER'S AGENT)

AGENT 605307 DATE 100609
TIME 1332 05
091611012015 LOCATION 001238

51.00 ****

#350300028

** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF U. S. D. A.

BERTHA R. PURCHASER'S ADDRESS (b)(6)

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆102100400⑆ 400916110120151⑈

e issued by the USDA, APHIS
our payment to: USDA/APHIS,

a US postal Money Order, the
ed. If you have any

APHIS FORM 81 (REV. 10/96) AUTOMATED

Produced by ITC

GC

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. 09-NMO21
(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 Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* OCTOBER 6, 2009

(Choose one answer and delete the other/*Escoja una respuesta y suprima la otra)*
3. The animals [are free of ectoparasites.] [were treated against ectoparasites,] (Please indicate the date of treatment and the product used.) FREE OF ECTOPARASITES
[Que se encuentran libres de ectoparásitos.] [Que recibieron un tratamiento.] (Indicando la fecha y el producto utilizado)

4. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

5. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días 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 infectados.

C.Y. BRASMER
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

(b)(6)

10/06/09
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6)

10/7/09
Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

Mexico, Slaughter horse HC
April 2, 2009

#350300028

Health Certificate No. 09-NM02

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

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

   Dennis Chavez
   24 Dalies Road
   Los Lunas, NM 87031

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

   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4155	Mare	QH	10	Sorrel
4156	Mare	QH	9	Grey
4157	Mare	QH	8	Bay
4158	Mare	QH	9	Grey
4159	Mare	QH	10	Dun
4160	Mare	QH	9	Dun
4161	Mare	QH	12	Sorrel
4162	Mare	QH	8	Grey
4163	Mare	QH	10	Paint
4164	Gelding	QH	9	Bay
4165	Gelding	QH	11	Sorrel
4166	Mare	QH	9	Brown
4167	Mare	QH	12	Sorrel
4168	Gelding	TB	11	Sorrel
4169	Mare	QH	9	Roan
4170	Mare	QH	12	Sorrel

Health Certificate No. 09-NM021

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Jerez, Zacatecas MX

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Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4171	Gelding	Mule	9	Sorrel
4172	Gelding	TB	9	Paint
4173	Mare	QH	9	Appaloos
4174	Mare	QH	10	Palomino
4175	Gelding	QH	9	Buckskin
4176	Gelding	QH	9	Bay
4177	Mare	QH	10	Sorrel
4178	Gelding	QH	12	Sorrel
4179	Gelding	QH	8	Dun
4180	Mare	QH	7	Sorrel
4181	Gelding	QH	9	Paint
4182	Gelding	QH	8	Chestnut
4183	Gelding	QH	9	Paint
4184	Mare	QH	10	Bay
4185	Mare	TB	12	Grey
4186	Gelding	QH	9	Grey

Health Certificate No. 09-NM021

[redacted]

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4187	Mare	QH	9	Roan
4188	Gelding	QH	9	Sorrel
4189	Mare	QH	9	Bay
4190	Mare	QH	7	Sorrel
4191	Gelding	QH	10	Sorrel
4192	Mare	QH	10	Paint
4193	Mare	QH	9	Bay
4194	Gelding	QH	9	Bay
4195	Gelding	QH	8	Bay
4196	Gelding	QH	10	Black
4197	Gelding	QH	9	Bay
4198	Gelding	TB	14	Dun
4199	Mare	QH	11	Paint
4200	Mare	QH	12	Sorrel
4201	Mare	QH	9	Black
4202	Mare	QH	9	Sorrel

Health Certificate No. 09-NM021

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Numero de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4203	Mare	QH	12	Bay
4204	Gelding	QH	9	Sorrel
4205	Gelding	QH	9	White
4206	Mare	QH	14	Bay
4207	Mare	QH	9	Bay
4208	Mare	TB	10	Sorrel
4209	Gelding	QH	9	Sorrel
4210	Gelding	Mule	11	Sorrel
4211	Mare	QH	10	Palomino
4212	Gelding	QH	10	White
4213	Gelding	QH	11	Grey
4214	Gelding	QH	9	Sorrel
4215	Mare	QH	10	Brown
4216	Mare	QH	9	White
4217	Mare	QH	7	Brown
4218	Mare	QH	8	Paint

Health Certificate No. 09-NM021
(Valid only [illegible])

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Bertha Ruiz Pacheco
   Carnicos De Jerez
   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4219	Mare	QH	9	White
4220	Gelding	QH	10	Sorrel
4221	Gelding	QH	8	Bay
4222	Gelding	QH	10	Palomino
4223	Gelding	QH	10	Sorrel
4224	Mare	QH	11	Grey
4225	Mare	QH	9	Sorrel
4226	Mare	QH	8	Sorrel
4227	Mare	QH	10	Brown
4228	Mare	QH	9	Black
4229	Gelding	QH	9	Bay
4230	Mare	QH	8	Sorrel
4231	Mare	QH	12	Appaloos
4232	Gelding	QH	10	Roan
4233	Mare	TB	12	Grey
4234	Gelding	QH	7	White

Health Certificate No. 09-NM021

[redacted]

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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Carnicos De Jerez
Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4235	Gelding	QH	9	Roan
4236	Gelding	QH	11	Brown
4237	Gelding	QH	7	Sorrel
4238	Mare	QH	9	Bay
4239	Gelding	QH	8	Dun
4240	Gelding	QH	8	Bay
4241	Gelding	QH	11	Sorrel
4242	Gelding	QH	9	Brown
4243	Mare	QH	9	Paint
4244	Gelding	QH	10	Grulla
4245	Gelding	QH	10	Sorrel
4246	Mare	TB	9	Brown
4247	Mare	QH	7	Dun
4248	Mare	QH	10	Palomino
4249	Mare	QH	8	Bay
4250	Mare	QH	10	Paint

FOIA 12-02308 PT-5 Pg. 1225

Health Certificate No. 09-NM021
(Valid only if the USDA Treasury Seal Appears over the Certificate Number)

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
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CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO
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   Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4251	Gelding	QH	9	Grey
4252	Gelding	QH	8	Black
4253	Gelding	QH	7	Sorrel
4254	Mare	QH	9	Black
4255	Gelding	TB	9	Paint
4256	Gelding	QH	7	Roan
4257	Mare	QH	8	Roan
4258	Mare	QH	9	Black
4259	Mare	TB	13	Grey
4260	Gelding	QH	9	Chestnut
4261	Mare	QH	16	Bay
4262	Mare	QH	11	Grulla
4263	Gelding	QH	9	Black
4264	Gelding	QH	10	Grey
4265	Gelding	QH	9	Bay
4266	Mare	QH	9	White

Health Certificate No. 09-011021

USDA

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

To be valid it must be accompanied by VS FORM 10-13 entirely completed

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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Identification number/*Número de identificación*	Sex/*Sexo*	Breed/*Raza*	Age /*Edad*	Color/*Color*
4267	Mare	QH	10	Grey
4268	Gelding	QH	9	Bay
4269	Gelding	QH	8	Bay
4270	Gelding	QH	9	Bay
4271	Gelding	QH	8	Bay
4272	Mare	QH	8	White
4273	Gelding	QH	7	Sorrel
4274	Gelding	QH	8	Roan
4275	Gelding	TB	11	Bay
4276	Mare	QH	10	Grey
4277	Mare	QH	9	Bay
4278	Gelding	QH	7	Bay
4279	Mare	QH	9	Bay
4280	Gelding	QH	7	Sorrel
4281	Gelding	TB	9	Black
4282	Gelding	QH	8	Bay