Contact State of destination for current movement requirements.

STATE OF FLORIDA

CERTIFICATE OF VETERINARY INSPECTION

Livestock and Poultry

Use Federal Forms for Foreign Shipments

Valid for 30 days following the date of inspection of the animal(s) identified on the document.

Number: 19FL250574

Page #: 1/1

Origin
Rimma & Ray Kambarova
14626 McGrady Rd

Wimauma, FL 33598
(813) 633-5688

Destination
Denver Coliseum
4600 Humboldt Street

Denver, CO 80216

Carrier

Inspection Date: 01/31/2019

Issue Date: 02/07/2019

Shipment Date: 02/09/2019

Entry Permit Number

Consignor
Rimma & Ray Kambarova
14626 McGrady Rd

Wimauma, FL 33598
(813) 633-5688

Consignee
Denver Coliseum
4600 Humboldt Street

Denver, CO 80216

SPECIES	NUMBER OF ANIMALS	PURPOSE OF SHIPMENT	STATE/AREA STATUS	HERD/FLOCK STATUS
Equine	5	Interstate Transit		

INDIVIDUAL ANIMAL IDENTIFICATION | **TEST(S)** | **VACCINATION(S)**

Laboratory Key: A - Larch hill Laboratory; B - Larch Hill labratory; C - Larch Hill Labratory; D - Larch hill Labratory

Disease Key: EIA - Equine Infectious Anemia

FEDERAL EARTAG #, REGISTRATION TATTOO, OR OTHER PERMANENT IDENTIFICATION	LINE #	REGISTRY NAME AND NUMBER OR DESCRIPTION AND REGISTERED OWNERSHIP BRAND	BREED	AGE	SEX	TEMP	Disease	Remarks	Accession	Serial#	Date Sampled	Lab	Results	PRODUCT INFO.	DATE OF VACC.
	1	Call Name: Hunter	Quarter Horse	8Y	CM	99.4	EIA		375220		01/31/2019	A	N		
	2	Call Name: Kicker	Quarter Horse	15Y	CM	97.6	EIA	AGID	375223		01/31/2019	B	N		
	3	Call Name: Thunder	Quarter Horse	12- 12	CM	98.0	EIA	AGID	375224		01/31/2019	C	N		
	4	Call Name: Prizma	Quarter Horse	11Y	CM	97.2	EIA	AGID	375225		01/31/2019	B	N		
	5	Call Name: Jericho	Quarter Horse	12- 12	CM	98.9	EIA	AGID	375224		01/31/2019	D	N		

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the State of destination and Federal interstate requirements. No further warranty is made or implied.

Signature: Kimma Kuebelbeck DVM

The issuing accredited veterinarian has been level-2 eAuthenticated and is accredited in the issuing State. The paper copy accompanying the shipment must be signed by the issuing veterinarian.

Print Name: K Kuebelbeck Brandon Equine Medical Center

License #: VM6013

Address: 605 E Bloomingdale Ave

Brandon, FL 33511

Nat'l Accred#: 028069

Phone#: (813) 643-7177

STATE CERTIFICATION REQUIREMENTS

OWNER/AGENT STATEMENT (Where applicable)

The animals in this shipment are those certified to and listed on this certificate."

S/ ISSUED Date

OSP E 02 73894

Form Approved - OMB Number 0579-0127

US 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
290394LH	375220	01/31/19

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

7. Name and Address or Stable/Market (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

4. Geographic Information Systems (GIS)
Lat. –
Long. –

5. Veterinary License or Accreditation No.
075920

6. Test Type
☐ ELISA
☒ AGID

8. Name and Address of Owner (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

9. Name and Address of Veterinarian (Please print or type)
Alexandra Young, DVM
605 E. Bloomingdale Ave
Brandon, FL Zip Code 33511
Tel No. (813)643-7177 County Hillsborough

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
A Young	Alexandra Young, DVM	01/31/19

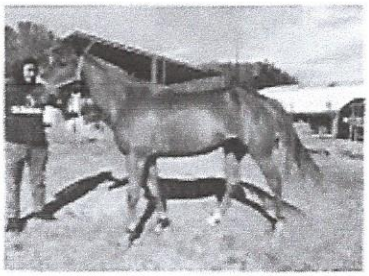
Certification of Owner or Owner's Agent
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

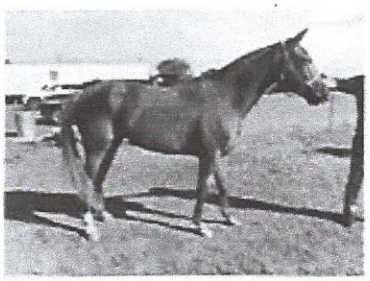
13. Signature of Owner or Owner's Agent	14. Type or Print Signature Name	15. Signature Date

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			Hunter	Sorrel	Quarter Horse		01/01/2011	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS





Narrative Description and Remarks

25. Head	26. Other Marks and Brands
Single Whorl	
27. Left Forelimb: None	28. Right Forelimb: None
29. Left Hindlimb: None	30. Right Hindlimb: Sock

For Laboratory Use Only

31. Laboratory Name/City/State	32. Date Received	33. Date Reported Out	34. Test Results	36. Remarks
Larch Hill Laboratory Earlville, NY	02/05/19	02/06/19	☒ Negative ☐ Positive ☒ AGID ☐ ELIS	
	35. Signature of Technician: Susan Fowler			

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 1 - VETERINARIAN/SUBMITTE

Form Approved - OMB Number 0579-0127

US 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
290389LH	375223	01/31/19

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

7. Name and Address of Stable/Market (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

4. Geographic Information Systems (GIS)
Lat: –
Long: –

5. Veterinary License or Accreditation No.
075920

6. Test Type
☐ ELISA
☒ AGID

8. Name and Address of Owner (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

9. Name and Address of Veterinarian (Please print or type)
Alexandra Young, DVM
605 E. Bloomingdale Ave
Brandon, FL Zip Code 33511
Tel No. (813)643-7177 County Hillsborough

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10. Signature of Federally Accredited Veterinarian	11. Type or Print Signature Name	12. Signature Date
A Young	Alexandra Young, DVM	01/31/19

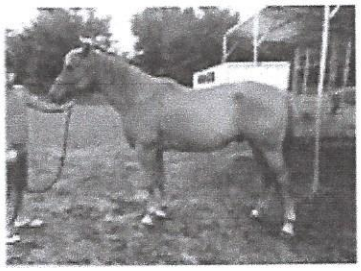
Certification of Owner or Owner's Agent
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

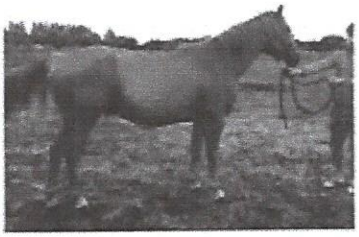
13. Signature of Owner or Owner's Agent	14. Type or Print Signature Name	15. Signature Date

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			Kicker	Sorrel	Quarter Horse		01/01/2004	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS





Narrative Description and Remarks

25. Head	26. Other Marks and Brands
Star	
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
Larch Hill Laboratory Earlville, NY	02/05/19	02/06/19	☒ Negative ☐ Positive ☒ AGID ☐ ELISA
	35. Signature of Technician: Susan Fowler		36. Remarks

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

VS FORM 10-11 (MAY 2003)

PART 1 - VETERINARIAN/SUBMITTER

Form Approved - OMB Number 0579-0127

US Department of Agriculture
Animal and Plant Health Inspection Service

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 505.16)

Serial No.	1. Accession Number	2. Date Blood Drawn
290388LH	375224	01/31/19

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

4. Geographic Information Systems (GIS): Lat: – Long: –

5. Veterinary License or Accreditation No.: 075920

6. Test Type: ☐ ELISA ☒ AGID

7. Name and Address of Stable/Market (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

8. Name and Address of Owner (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

9. Name and Address of Veterinarian (Please print or type)
Alexandra Young, DVM
605 E. Bloomingdale Ave
Brandon, FL Zip Code 33511
Tel No. (813)643-7177 County Hillsborough

Certification of Federally Accredited Veterinarian

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10. Signature of Federally Accredited Veterinarian	11. Type or Print Signature Name	12. Signature Date
A Young	Alexandra Young, DVM	01/31/19

Certification of Owner or Owner's Agent

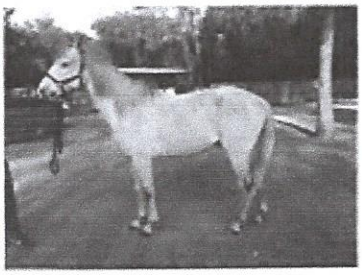
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

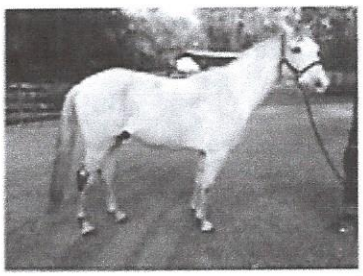
13. Signature of Owner or Owner's Agent	14. Type or Print Signature Name	15. Signature Date

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			Thunder	Gray	Quarter Horse		12	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS





Narrative Description and Remarks

25. Head	26. Other Marks and Brands
Whorl	
27. Left Forelimb: None	28. Right Forelimb: None
29. Left Hindlimb: None	30. Right Hindlimb: None

For Laboratory Use Only

31. Laboratory Name/City/State	32. Date Received	33. Date Reported Out	34. Test Results	36. Remarks
Larch Hill Laboratory Earlville, NY	02/05/19	02/06/19	☒ Negative ☐ Positive ☒ AGID ☐ ELISA	
	35. Signature of Technician: Susan Fowler			

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 1 - VETERINARIAN/SUBMITTER

Form Approved - OMB Number 0579-0127

US 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
290387LH	375225	01/31/19

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

4. Geographic Information Systems (GIS): Lat: – Long: –

5. Veterinary License or Accreditation No.: 075920

6. Test Type: ☐ ELISA ☒ AGID

7. Name and Address of Stable/Market (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

8. Name and Address of Owner (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

9. Name and Address of Veterinarian (Please print or type)
Alexandra Young, DVM
605 E. Bloomingdale Ave
Brandon, FL Zip Code 33511
Tel No. (813)643-7177 County Hillsborough

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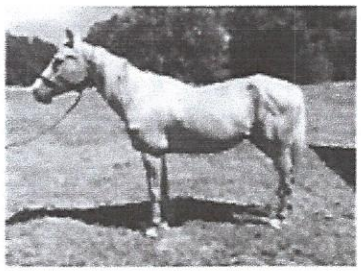
10. Signature of Federally Accredited Veterinarian	11. Type or Print Signature Name	12. Signature Date
AYoung	Alexandra Young, DVM	01/31/19

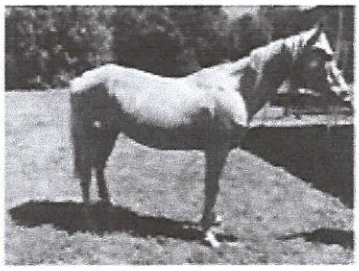
Certification of Owner or Owner's Agent
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete

13. Signature of Owner or Owner's Agent	14. Type or Print Signature Name	15. Signature Date

16. Tube No.	17. Official Tag No	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Prizma	Palomino	Quarter Horse		01/01/2008	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS





Narrative Description and Remarks

25. Head	26. Other Marks and Brands
Blaze Single Whorl	
27. Left Forelimb: None	28. Right Forelimb: None
29. Left Hindlimb: None	30. Right Hindlimb: None

For Laboratory Use Only

31. Laboratory Name/City/State	32. Date Received	33. Date Reported Out	34. Test Results
Larch Hill Laboratory Earlville, NY	02/05/19	02/06/19	☒ Negative ☐ Positive ☒ AGID ☐ ELISA
	35. Signature of Technician: Susan Fowler		36. Remarks

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

VS FORM 10-11 (MAY 2003) **PART 1 - VETERINARIAN/SUBMITTER**

Form Approved - OMB Number 0579-0127

US 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
290390LH	375222	01/31/19

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

4. Geographic Information Systems (GIS): Lat: – Long: –

5. Veterinary License or Accreditation No.: 075920

6. Test Type: ☐ ELISA ☒ AGID

7. Name and Address of Stable/Market (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

8. Name and Address of Owner (Please print or type)
Rimma Kambarova and Ray Kambarov
14626 McGrady Rd
Wimauma, FL Zip Code 33598
Tel No. (813)633-5688 County Hillsborough

9. Name and Address of Veterinarian (Please print or type)
Alexandra Young, DVM
605 E. Bloomingdale Ave
Brandon, FL Zip Code 33511
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A Young	Alexandra Young, DVM	01/31/19

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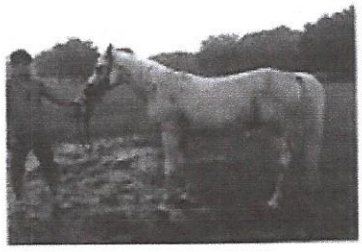
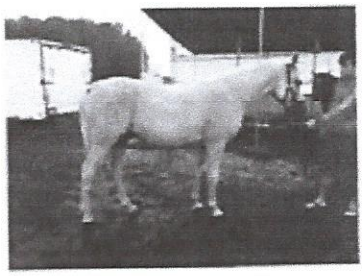
13. Signature of Owner or Owner's Agent	14. Type or Print Signature Name	15. Signature Date

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			Jericho	Gray	Arabian		01/01/2001	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS





Narrative Description and Remarks

25. Head	26. Other Marks and Brands: No markings - see photos
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	36. Remarks
Larch Hill Laboratory Earlville, NY	02/05/19	02/06/19	☒ Negative ☐ Positive ☒ AGID ☐ ELISA	
	35. Signature of Technician: Susan Fowler			

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VS FORM 10-11 (MAY 2003) **PART 1 - VETERINARIAN/SUBMITTER**