

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) 633-6688

Destination
Denver Coliseum
4600 Humboldt Street
Denver, CO 80216

Carrier

Consignor
Rimma & Ray Kambarova
14626 McGrady Rd
Wimauma, FL 33598
(813) 633-6688

Consignee
Denver Coliseum
4600 Humboldt Street
Denver, CO 80216

SPECIES
Equine

NUMBER OF ANIMALS
5

PURPOSE OF SHIPMENT
Interstate Transit

STATE/AREA STATUS

HERD/FLOCK STATUS

INDIVIDUAL ANIMAL IDENTIFICATION

FEDERAL EARTAG #, REGISTRATION TATTOO, OR OTHER PERMANENT IDENTIFICATION	L I N E #	REGISTRY NAME AND NUMBER OR DESCRIPTION AND REGISTERED OWNERSHIP BRAND	BREED	AGE	SEX	T E M P	Laboratory Key		Disease Key				PRODUCT INFO.	DATE OF VACC.	
									EIA - Equine Infectious Anemia						
							A - Larch hill Laboratory B - Larch Hill laboratory C - Larch Hill Laboratory D - Larch hill Laboratory								
	1	Call Name: Hunter	Quarter Horse	8Y	CM	98.4	Disease	Remarks	Accession	Serial#	Date Sampled	Lab	Results		
	2	Call Name: Kicker	Quarter Horse	16Y	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: Pizima	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 _____
The issuing accredited veterinarian has been level 2 authenticated and is accredited in the issuing State. The paper copy accompanying the shipment must be signed by the issuing veterinarian.

Print Name _____
Address _____
Nat'l Accred # _____
Phone # _____

OWNER/AGENT STATEMENT (Where applicable)
The animals in this shipment are those certified to and listed on this certificate."

S/ _____
Date _____

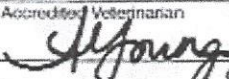
US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.15)	Serial No. 290394LH	1. Accession Number 375220	2. Date Blood Drawn 01/31/19
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Forms Without Adequate Descriptions 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 ☐ First Test ☐ Retest ☐ Export	7. Name and Address of Stable/Market (Please print or type) Rimma Kambarova and Ray Kambarov	
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.

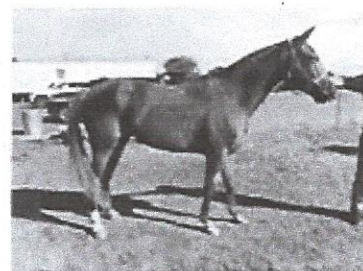
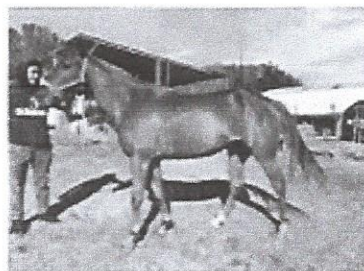
10. Signature of Federally Accredited Veterinarian 	11. Type or Print Signature Name Alexandra Young, DVM	12. Signature Date 01/31/19
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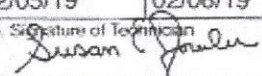
Certification of Owner or Owner's Agent

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 Hunter	20. Color Sorrel	21. Breed Quarter Horse
				22. Electronic I.D. No.	23. Age or DOB 01/01/2011
					24. Sex G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks			
25. Head	Single Whorl	26. Other Marks and Brands	
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 Larch Hill Laboratory Earlville, NY	32. Date Received 02/05/19	33. Date Reported Out 02/06/19	34. Test Results ☒ Negative ☐ Positive ☒ AGID ☐ ELIS
35. Signature of Technician 		36. Remarks	

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

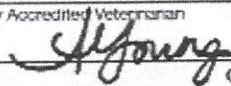
US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 290389LH	1. Accession Number 375223	2. Date Blood Drawn 01/31/19
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Forms Without Adequate Descriptions 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 of Stable/Market (Please print or type) Rimma Kambarova and Ray Kambarov	
4. Geographic Information Systems (GIS) Lat. — Long. —		5. Veterinary License or Accreditation No. 075920	
6. Test Type ☐ ELISA ☒ AGID		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

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

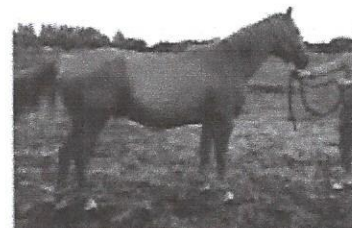
10. Signature of Federally Accredited Veterinarian 	11. Type or Print Signature Name Alexandra Young, DVM	12. Signature Date 01/31/19
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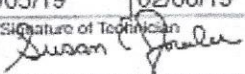
Certification of Owner or Owner's Agent

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

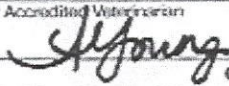
13. Signature of Owner or Owner's Agent		14. Type or Print Signature Name		15. Signature Date	
16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Kicker	20. Color Sorrel	21. Breed Quarter Horse
				22. Electronic I.D. No.	23. Age or DOB 01/01/2004
				24. Sex G	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

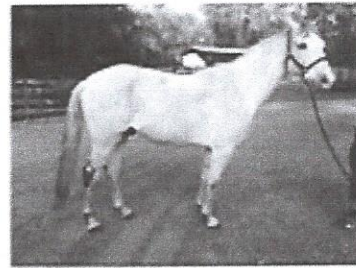
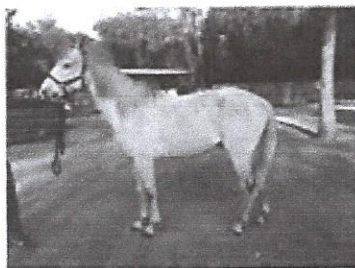


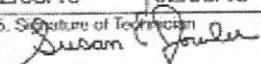
Narrative Description and Remarks			
25. Head	Star		
26. Other Marks and Brands			
27. Left Forelimb	28. Right Forelimb		
29. Left Hindlimb	30. Right Hindlimb		
For Laboratory Use Only			
31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 02/05/19	33. Date Reported Out 02/06/19	34. Test Results ☒ Negative ☐ Positive ☒ AGID ☐ ELISA
35. Signature of Technician 		36. Remarks	

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

US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)		Serial No. 290388LH	1. Accession Number 375224	2. Date Blood Drawn 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 of Stable/Market (Please print or type) Rimma Kambarova and Ray Kambarov		
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 Alexandra Young, DVM		12. Signature Date 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 Thunder	20. Color Gray
			21. Breed Quarter Horse	22. Electronic I.D. No.
				23. Age or DOB 12
				24. Sex G
				M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



Narrative Description and Remarks			
25. Head	Whorl	26. Other Marks and Brands	
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 Larch Hill Laboratory Earlville, NY	32. Date Received 02/05/19	33. Date Reported Out 02/06/19	34. Test Results ☒ Negative ☐ Positive ☒ AGID ☐ ELISA
	35. Signature of Technician 		36. Remarks

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

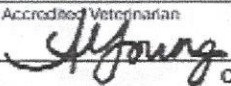
US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.18)	Serial No. 290387LH	1. Accession Number 375225	2. Date Blood Drawn 01/31/19
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Forms Without Adequate Descriptions 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 of Stable/Market (Please print or type) Rimma Kambarova and Ray Kambarov	
4. Geographic Information Systems (GIS) Lat: - Long: -		5. Veterinary License or Accreditation No. 075920	
6. Test Type ☐ EUSA ☒ AGID		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

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

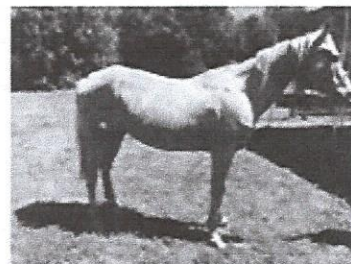
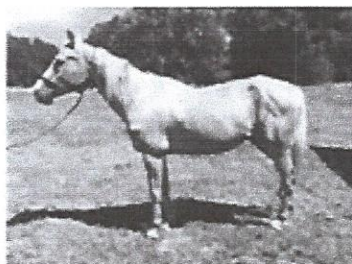
10. Signature of Federally Accredited Veterinarian 	11. Type or Print Signature Name Alexandra Young, DVM	12. Signature Date 01/31/19
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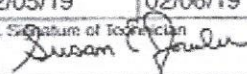
Certification of Owner or Owner's Agent

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

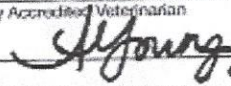
13. Signature of Owner or Owner's Agent		14. Type or Print Signature Name		15. Signature Date	
16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Prizma	20. Color Palo	21. Breed Quarte r Horse
				22. Electronic I.D. No.	23. Age or DOB 01/01/2008
				24. Sex G	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

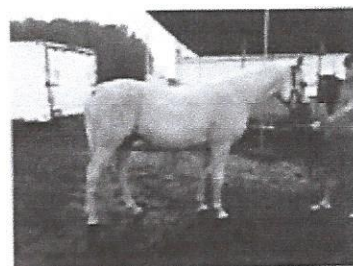


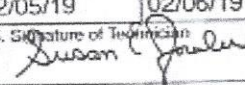
Narrative Description and Remarks			
25. Head	Blaze Single Whorl		26. Other Marks and Brands
27. Left Forelimb	None		28. Right Forelimb None
29. Left Hindlimb	None		30. Right Hindlimb None
For Laboratory Use Only			
31. Laboratory Name/City/State Larch Hill Laboratory Earlville, NY	32. Date Received 02/05/19	33. Date Reported Out 02/06/19	34. Test Results ☒ Negative ☐ Positive ☒ AGID ☐ EUSA
35. Signature of Technician 			36. Remarks

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

US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (US Memorandum 555.18)		Serial No. 290390LH	1. Accession Number 375222	2. Date Blood Drawn 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 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							
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 Alexandra Young, DVM		12. Signature Date 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 ID. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Jericho	Gray	Arabic		01/01/2001	G	

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

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