

Certificate of Registration
RACKING HORSE BREEDERS' ASSOCIATION OF AMERICA

Decatur, Alabama 35603

Name **HE'S A SHARP DRESSED MAN**

Registration Number **1041688**

Color **Sorrel**

Sex

Gelding

Foaled

6/1/2004

Markings

FOUR STOCKINGS, ON LOWER LIP, STAR, SNIP, MIXED MANE AND TAIL.

Owner

Rhonda

Wagner

ID Number

62303

City

Big Sandy

State

TN



This is to certify that the above named and described horse is duly registered in the Stud Book of Racking Horse Breeders Association of America. This certificate is issued in accordance with a written application submitted and signed by the owner and upon the express condition that the Association has the privilege to correct and/or cancel this certificate for cause under its rules and regulations.

Date Issued

9/19/2015

Secretary

RHBAA DNA INFORMATION

EQUINE: University of Kentucky

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

SERIAL NO.

R 1599127

1. ACCESSION NUMBER

2. DATE BLOOD
DRAWN

6/16/16



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 <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input checked="" type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Bill Whitticker / Harold D. Chandler 539 Dobblers Pike Gallatin TN Tel No. 615 451 0194	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 007383	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Julie Soppe DVM 1386 East Broadway Gallatin TN Tel No. 615 636 6346
8. NAME AND ADDRESS OF OWNER (Please print or type) Same as #7 Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Julie Soppe DVM 1386 East Broadway Gallatin TN Tel No. 615 636 6346	
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.

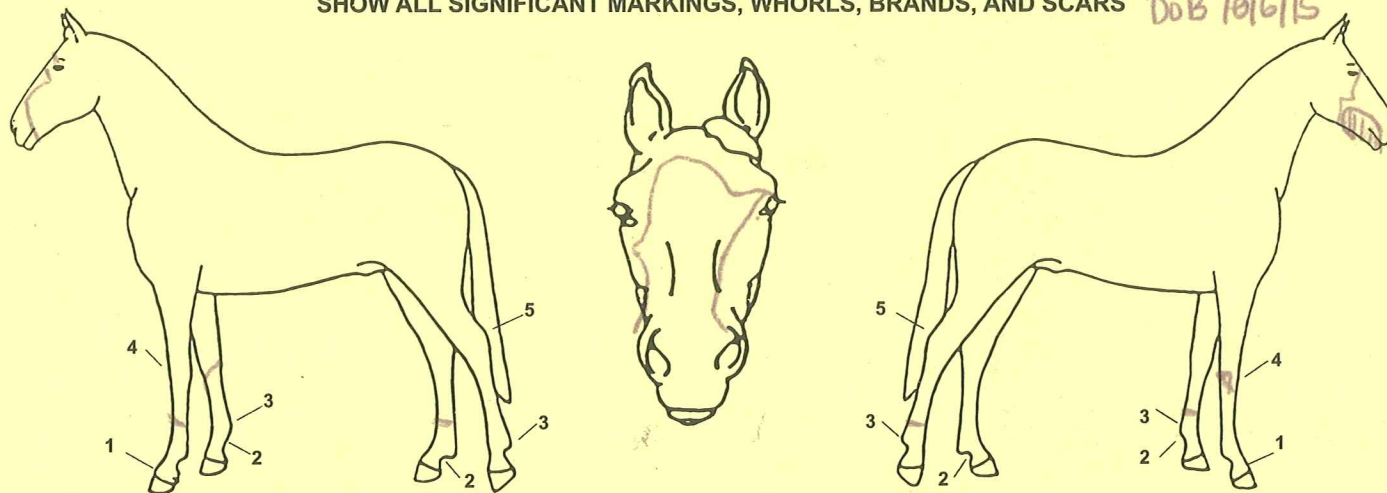
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Julie Soppe DVM</i>	11. TYPE OR PRINT SIGNATURE NAME Julie Soppe DVM	12. SIGNATURE DATE 6/16/16
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <i>Bill Whitticker</i>	14. TYPE OR PRINT SIGNATURE NAME Bill Whitticker	15. SIGNATURE DATE 6/16/16
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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
(4)			Talking That Jazz	chestnut	TWH		8 mos 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 white blaze, white lower lip	26. OTHER MARKS AND BRANDS flaxen mane/tail
27. LEFT FORELIMB white stocking	28. RIGHT FORELIMB white stocking
29. LEFT HINDLIMB	30. RIGHT HINDLIMB white stocking

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE IDEXX Laboratories 6100 East Shelby Dr. Memphis, TN 38141	32. DATE RECEIVED 6-17-16	33. DATE REPORTED OUT 6-17-16	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		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).