

US Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	Serial No. 174562LH	1. Accession Number 257026	2. Date Blood Drawn 10/26/16
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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 <b>Annual</b> <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Show <input type="checkbox"/> Retest	<input type="checkbox"/> First Test <input type="checkbox"/> Export	7. Name and Address or Stable/Market (Please print or type) <b>Pembroke Pointe LLC</b>	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. <b>015230</b>	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	3885 Carlisle Pike New Oxford, PA Zip Code <b>17350</b> Tel No. <b>917-843-6923</b> County	
8. Name and Address of Owner (Please print or type) <b>Susan Runco</b> P.O. Box 572 Ranson, WV Zip Code <b>25438</b> Tel No. <b>304) 725-0575</b> County			9. Name and Address of Veterinarian (Please print or type) <b>Robert Kraybill</b> 5060 Harmony Grove Rd Dover, PA Zip Code <b>17315</b> Tel No. <b>(717)467-5757</b> County <b>York</b>		

**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>Robert Kraybill</i>	11. Type or Print Signature Name <b>Robert Kraybill</b>	12. Signature Date <b>11/09/2016</b>
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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
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16. Tube No. 29016	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse <b>Midshipman</b>	20. Color <b>Bay</b>	21. Breed <b>Westphalian</b>	22. Electronic I.D. No.	23. Age or DOB <b>7</b>	24. Sex <b>M</b>	M - Male F - Female G - Gelding N - Neuter
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**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



**Narrative Description and Remarks**

25. Head	26. Other Marks and Brands
27. Left Forelimb <b>Heels</b>	28. Right Forelimb <b>Heels</b>
29. Left Hindlimb <b>Coronet</b>	30. Right Hindlimb

**For Laboratory Use Only**

31. Laboratory Name/City/State <b>Larch Hill Laboratory Earlville, NY</b>	32. Date Received <b>11/08/16</b>	33. Date Reported Out <b>11/09/16</b>	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. Signature of Technician <i>Susan Fowler</i>		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).**