

UNITED STATES 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
	V 267153	26116714	7/1/19

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 <input type="checkbox"/> Market <input checked="" type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Cherrybrook Hunter Ponies LLC 2378 Freycornuth Rd Meadville PA ZIP Code 16335 Tel No. 814-292-6029 County Crawford	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 022997	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) GPVS 16257 US Hwy 19 State College PA ZIP Code 16803 Tel No. 814 333-4241 County Crawford
8. NAME AND ADDRESS OF OWNER (Please print or type) Cherrybrook Hunter Ponies LLC 2378 Freycornuth Rd Meadville PA ZIP Code 16335 Tel No. 814-292-6029 County Crawford		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) GPVS 16257 US Hwy 19 State College PA ZIP Code 16803 Tel No. 814 333-4241 County Crawford	

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 Christina Rynd	11. TYPE OR PRINT SIGNATURE NAME Christina L. Rynd	12. SIGNATURE DATE 7/1/19
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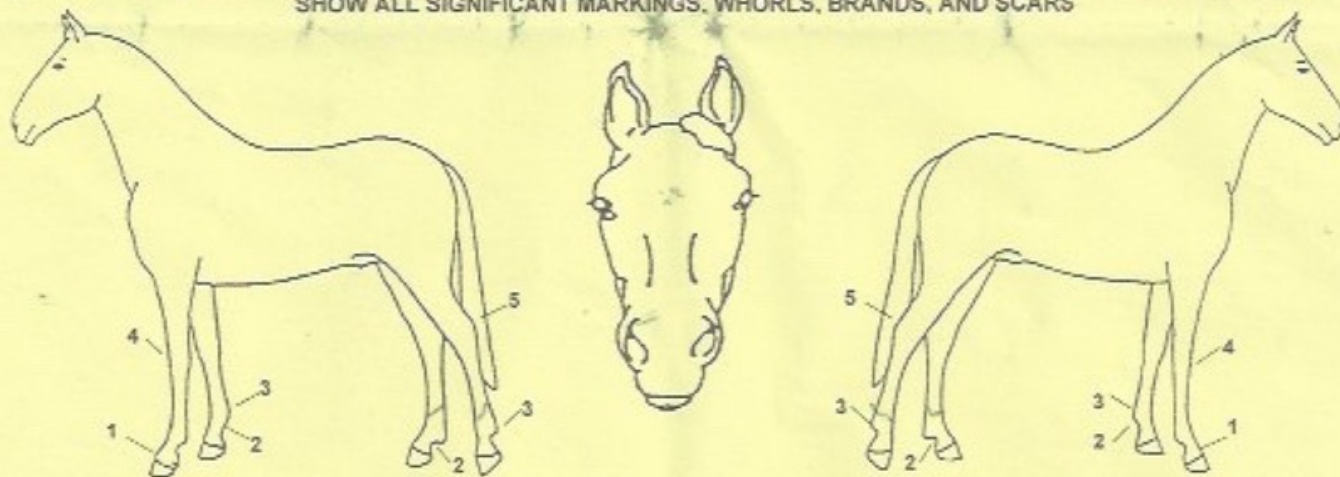
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 David Dowler	14. TYPE OR PRINT SIGNATURE NAME David Dowler	15. SIGNATURE DATE 7/1/19
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Sweet Pea	20. Color Chest	21. Breed Welsh xS	22. Electronic I.D. No.	23. Age or DOB 2y	24. Sex F	M - Male F - Female G - Gelding SP - Spayed Female
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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 hairs center	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 Marshfield Labs, Cleveland 15473 Neo Parkway Cleveland, OH 44128	32. DATE RECEIVED 7/1/19	33. DATE REPORTED OUT 7/8/2019	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 C. Benchio		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).