

See reverse for more OMB information.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 550.16)

SERIAL NO.
V 267151

1. ACCESSION NUMBER
R2616811

2. DATE BLOOD DRAWN
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
 Market Change of Ownership Show First Test Repeat Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
022997

6. TEST TYPE
 ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
Cherrybrook Hunter Ponies LLC
23378 Freyersmuth Rd
Meadville, PA ZIP Code **16335**
Tel No. **814-282-6029** County **Crawford**

8. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
G PVS
16257 US Hwy 16419 ZIP Code **16433**
Spartanburg, PA County **Crawford**
Tel No. **814-333-4241**

8. NAME AND ADDRESS OF OWNER (Please print or type)
Cherrybrook Hunter Ponies LLC
23378 Freyersmuth Rd ZIP Code **16335**
Meadville, PA County **Crawford**
Tel No. **814-282-6029**

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 L. Rynd vmd

11. TYPE OR PRINT SIGNATURE NAME
Christina L. Rynd vmd

12. SIGNATURE DATE
7/1/19

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

16. Tube No.
17. Official Tag
18. Tattoo/Brand

19. Name of Horse
Cupid

20. Color
Chestnut

21. Breed
Welsh XS

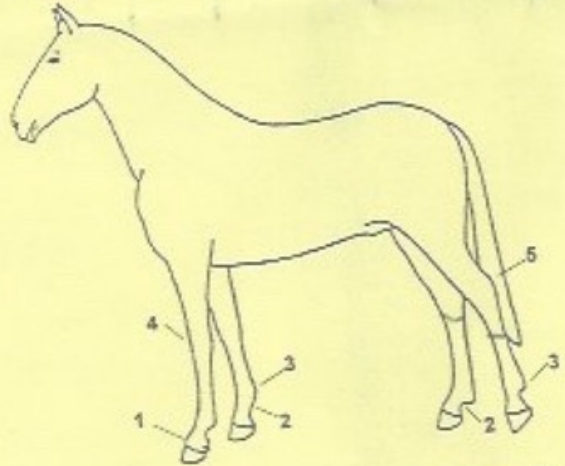
22. Electronic I.D. No.

23. Age or DOB
2y

24. Sex
G

M - Male
F - Female
G - Gelding
SP - Spayed Female

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS
25. HEAD **Blaze**
26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB
28. RIGHT FORELIMB
29. LEFT HINDLIMB **sock**
30. RIGHT HINDLIMB **sock**

31. LABORATORY NAME/CITY/STATE

Marshfield Labs, Cleveland
15473 Neo Parkway
Cleveland, OH 44128

32. DATE RECEIVED
7/6/19

33. DATE REPORTED OUT
7/8/2019

34. TEST RESULTS
 Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN
C. Bencho

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).