

Larch Hill Laboratory LLC Animal Health Product & Services <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (MS Memorandum 202.10)	Serial No. 350586LH	1. Accession Number 437133	2. Date Blood Drawn 02/12/20
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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"/> Marked <input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Show <input type="checkbox"/> First Test	7. Name and Address of Shipper/Vendor (Please print or type) Olin Armstrong	
<input type="checkbox"/> Fetus <input type="checkbox"/> Export				
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 0301007340	6. Test type <input type="checkbox"/> EUSA <input checked="" type="checkbox"/> AED	8. Address of Shipper/Vendor (Please print or type) 4 Hidden Lane Staunton, VA Zip Code 24401 Tel. No. 540-290-0339 County Augusta
8. Name and Address of Owner (Please print or type) Thomas Rogers 4 Hidden Lane Staunton, VA Zip Code 24401 Tel. No. 540-290-0339 County Augusta		9. Name and Address of Veterinarian (Please print or type) Carol J Wise 1477 Ridge Rd Bridgewater, VA Zip Code 22812 Tel. No. (540)480-5600 County Augusta		

**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>Carol J Wise, DVM</i>	11. Type or Print Signature Name Carol J Wise	12. Signature Date 02/12/20
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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. Race No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Chevalier	20. Color Dark Brown	21. Breed Oldenb urg	22. Electronic ID. No.	23. Age or LOS 6	24. Sex G	M - Male F - Female G - Gelding N - Neuter S - Spayed
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**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



Narrative Description and Remarks	
25. Head Star/Strip/Snip	26. Other Marks and Brands
27. Left Forelimb	28. Right Forelimb Sock
29. Left Hindlimb	30. Right Hindlimb

**For Laboratory Use Only**

31. Laboratory Name/City/State Larch Hill Laboratory Earville, NY	32. Date Received 02/15/20	33. Date Reported Out 02/16/20	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AED <input type="checkbox"/> EUSA
	35. Signature of Technician <i>Susan</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).**