


U.S. Department of Agriculture Animal and Plant Health Inspection Service <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555,16)	Serial No.	1. Accession Number	2. Date Blood Drawn
	<b>850316</b>	4604560543	03/06/2020

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 Annual <input type="checkbox"/> Market <input type="checkbox"/> Annual Change of Ownership <input type="checkbox"/>	<input type="checkbox"/> Show Retest <input type="checkbox"/>	<input type="checkbox"/> First Test Export <input type="checkbox"/>	7. Name and Address or Stable/Market (Please print or type) Cornerstone Equestrian
4. Geographic Information Systems (GIS) Lat: -- Long: --	5. Veterinary License or Accreditation No. 028362	6. Test Type <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	123 Bay Rd Winlock, WA Zip Code 98596 Tel No. (253) 255-3082 County Lewis
8. Name and Address of Owner (Please print or type) Cornerstone Equestrian 123 Bay Rd Winlock, WA Zip Code 98596 Tel No. (253) 255-3082	9. Name and Address of Veterinarian (Please print or type) Michael L. Clark 4818 Churchill Rd SE Tenino, WA Zip Code 98589 Tel No. (360) 338-1896		

#### 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 	11. Type or Print Signature Name Michael L. Clark	12. Signature Date 03/07/2020
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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.	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
1	--	--	Coco, Rhiannons Cornerstone Chanel	Brown	Welsh Pony	--	01/01/2019	F	

### SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



#### Narrative Description and Remarks

25. Head Snip	26. Other Marks and Brands Medium Hair Whorl-Forehead
27. Left Forelimb No Markings	28. Right Forelimb No Markings
29. Left Hindlimb Sock	30. Right Hindlimb Pastern

#### For Laboratory Use Only

31. Laboratory Name/City/State IDEXX Laboratories Memphis, TN	32. Date Received 03/09/2020	33. Date Reported Out 03/09/2020	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. Signature of Technician DUNN BURCH		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 100).