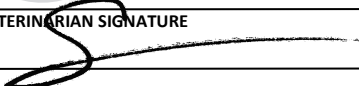


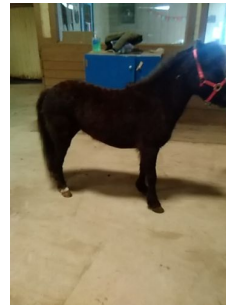
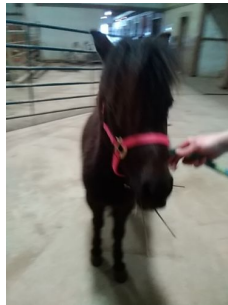
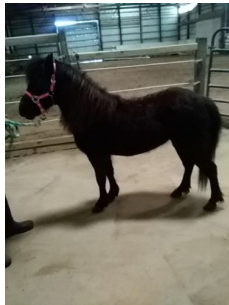
Larch Hill Laboratory LLC
Is an APHIS Approved EIA Testing Laboratory
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
670698LH

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY


1. LABORATORY ACCESSION NUMBER (for laboratory use only) 771120		2. DATE BLOOD DRAWN 03/28/2025		3. TEST REQUESTED BY VETERINARIAN <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
4. REASON FOR TESTING <input type="checkbox"/> Interstate Movement <input checked="" type="checkbox"/> Within State Use/Annual <input type="checkbox"/> Change Ownership/Sale <input type="checkbox"/> International Import/Export <input type="checkbox"/> Illness/Clinical Suspect <input type="checkbox"/> Investigation/Exposure		5. CURRENT HOME PREMISES OF EQUINE: ranch/farm/stable/market			
5a. NAME Firefly Acres		7. NAME AND ADDRESS OF OWNER 7a. NAME Yvonne Villemure			
5b. PHYSICAL STREET ADDRESS 3359 Will Carleton Road		7b. MAILING ADDRESS 21119 Bryce Court			
5c. CITY, STATE, ZIP CODE Flat Rock, MI 48134		7c. CITY, STATE, ZIP CODE Brownstown, MI 48174			
5d. PHONE NUMBER (734)693-6559		6. HOME PREMISES COUNTY Monroe		7d. PHONE NUMBER (734)218-1619	
I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME FROM THE ANIMAL DESCRIBED BELOW.					
8. ACCREDITED VETERINARIAN					
8a. VETERINARIAN NAME Nathan Zael, DVM, PLC		8b. NATIONAL ACCREDITATION NUMBER 061502		8c. VETERINARIAN SIGNATURE 	
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN 395 W. Delhi Road		8f. CITY, STATE, ZIP CODE Ann Arbor, MI 48103		8d. SIGNATURE DATE 03/28/2025	
9. Tube Number 23	10. Tag/Tattoo/Brand Number None	11. Name of Animal Cheyenne	12. Color Black	13. Breed (or species if not a horse) Miniature Horse	14. Age of DOB 03/01/2014
15. Sex F		15. Sex M—Male. F—Female Intact G—Gelding FS—Female Spayed			
16. MICROCHIP, BREED, OR REGISTRATION NUMBER None					

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



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

REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature Includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD None		18. NECK AND BODY (include coat color patterns, if any) None	
19. LEFT FORELIMB None		20. RIGHT FORELIMB None	
21. LEFT HINDLIMB None		22. RIGHT HINDLIMB Pastern	
FOR LABORATORY USE ONLY			
23. EIA LABORATORY NAME Larch Hill Laboratory		24. DATE SAMPLE RECEIVED 03/31/2025	25. DATE RESULTS REPORTED 04/01/2025
23a. CITY Earlville		26. OFFICIAL TEST RESULT <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	
23b. STATE New York		27. TEST TYPE USED <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA	
28. LABORATORY REMARKS		29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN 	
		30. INTERIM RESULT REFERRED FOR CONFIRMATION <input type="checkbox"/>	