LHL form contains all data fields as found on federal form VS 10-11.

LHL Form Vs. II 2020

Larch Hill Laboratory LLC

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

FORM SERIAL NUMBER **764060LH**

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)*	2. DATE BLOOD DRAWN	3. TEST REQUESTED BY VETERINARIAN
867822	07/18/2026	☐ ELISA ☒ AGID

4. REASON FOR TESTING
☐ Interstate Movement ☒ Within State Use/Annual ☐ Change Ownership/Sale ☐ International Import/Export ☐ Illness/Clinical Suspect ☐ Investigation/Exposure

5. CURRENT HOME PREMISES OF EQUINE: *ranch/farm/stable/market*	7. NAME AND ADDRESS OF OWNER
5a. NAME: Spring Valley Farm	7a. NAME: Michelle Simmons
5b. PHYSICAL STREET ADDRESS: 1191 Horseshoe Bend Rd	7b. MAILING ADDRESS: 1521 Horseshoe Bend Rd
5c. CITY, STATE, ZIP CODE: Moneta, VA 24121	7c. CITY, STATE, ZIP CODE: Moneta, VA 24121
5d. PHONE NUMBER: (540)685-3249	7d. PHONE NUMBER: (540)819-3400

6. HOME PREMISES COUNTY: Bedford

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	8b. NATIONAL ACCREDITATION NUMBER	8c. VETERINARIAN SIGNATURE	8d. SIGNATURE DATE
Ashley Cundiff	091946	Ashley Cundiff, DVM	07/18/2026

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN	8f. CITY, STATE, ZIP CODE	8g. TELEPHONE NUMBER
769 Listening Hill Rd	Penhook, VA 24137	(540)238-7112

9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal	12. Color	13. Breed *(or species if not a horse)*	14. Age of DOB	15. Sex
206. King	Right hip- SVF 20?	King	Red Roan Blanket	Fresian cross	01/01/2020	G

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	18. NECK AND BODY *(include coat color patterns, if any)*
Star/Strip Median whorl	Blanket Appaloosa
19. LEFT FORELIMB	**20. RIGHT FORELIMB**
None	None
21. LEFT HINDLIMB	**22. RIGHT HINDLIMB**
None	None

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME	24. DATE SAMPLE RECEIVED	25. DATE RESULTS REPORTED	26. OFFICIAL TEST RESULT	27. TEST TYPE USED
Larch Hill Laboratory LLC	07/22/2026	07/23/2026	☒ Negative ☐ Positive	☒ AGID ☐ ELISA

28. LABORATORY REMARKS

23a. CITY: Earlville

23b. STATE: NY

29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN: Susan E Fowler

30. INTERIM RESULT REFERRED FOR CONFIRMATION ☐

OFFICIAL