

License Number _____

License Issued _____

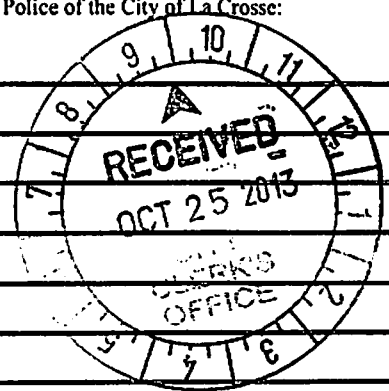
License Fee \$50.00

Receipt # 110338

CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE

To the Honorable Mayor, Common Council, City Clerk, Director of Public Works, Traffic Engineer, and Chief of Police of the City of La Crosse:
The undersigned hereby makes application for a Horse-Drawn Vehicle License.

BUSINESS NAME	Cinderella Carriage LLC
BUSINESS ADDRESS	30321 State Hwy 27 Cashton WI 54619
BUSINESS TELEPHONE	608-606-0614
OWNER(S) NAME	Lynn Katherine Hemmersbach
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	30321 State Hwy 27 Cashton WI 54619
OWNER(S) HOME TELEPHONE	608-606-0614



- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? YES NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side if necessary)

INSURANCE CARRIER	Tudor Insurance Company	405 CITY CLERK/LICENSES PG306431040 001 131028	0338
POLICY NUMBER	PGP 716308	10/28/13 9:37AM PAID	50.00
POLICY LIMITS	2,000,000.00 Aggregate Per Policy Year		

ATTACHED A CERTIFICATE OF INSURANCE INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS, AND DURATION OF THE POLICY. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE.

METHOD OF CHARGING	Metered Rates _____	Zone Rates _____	Vehicle Rental Rate <input checked="" type="checkbox"/> X
SCHEDULE OF RATES	1/2 hr \$55 1hr \$90		
NUMBER OF VEHICLES TO BE LICENSED	4		

DESCRIPTION OF VEHICLES, including			
Vehicle #1	White Vis-à-vis Carriage Lights and slowing moving vehicle sign	6 passenger Bun Bag	Vehicle #3 White Cinderella Carriage 6-8 passengers
Vehicle #2	White Vis-à-vis Carriage Lights and slowing moving vehicle sign	6 passenger Bun Bag	Same lightst + smv + bun bag
Vehicle #3	Red/Black Wagonette Lights and slow moving vehicle sign	8-10 passenger Bun Bag	

ATTACHED IS A CURRENT VETERINARY CERTIFICATE FOR EACH HORSE CERTIFYING THAT THE ANIMAL IS IN GOOD HEALTH AND FREE FROM INFECTIOUS DISEASE.

I certify that each horse is fit for horse-drawn vehicle service.

I further certify that the above-described vehicle(s) will be kept in a clean and sanitary condition and proper repair and maintenance and will further comply with the provisions of the Municipal Code pertaining to the Horse-Drawn Vehicle license.

I hereby certify that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license.

SIGNATURE OF APPLICANT Lynn Hemmersbach DATE 10-24-13

LICENSE APPROVED DENIED
SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CERTIFICATE OF INSURANCE

This Document is a

Certificate of Insurance. This is to certify that policies of insurance listed below here have been issued to the insured named herein and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. **THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES LISTED BELOW.**

BINDING OF THIS COVERAGE IS CONTINGENT UPON THE INSURED'S CONSIDERATION OF PREMIUM PAYMENT BEING POST-MARKED TO ARK AGENCY ON OR BEFORE THE EFFECTIVE DATE STATED ON THIS BINDER.

NAME AND ADDRESS OF AGENCY
NORTH AMERICAN HORSEMEN'S ASSOCIATION
 Administrative Office: Ark Agency
 310 Washburne Ave., Box 223
 Paynesville, MN 56362

Policy No.: PGP 716308
 LOCATIONS (if other than mailing address)

NAME AND ADDRESS OF INSURED
Cinderella Carriage, LLC
 30321 State Hwy 27
 Cashton, WI 54619

COMPANY: Tudor Insurance Company
 Effective: 12:01 AM 1/23/2013

Expires: 12:01 AM 1/23/2014

Type of Liability Insurance	Coverage Form	Bodily Injury & Property Damage Combined	Limits of Liability	
			Each Occurrence Or Claim	Aggregate Per Policy Year
X - Comprehensive Form Deductible: N/A per claim and legal defense - Premises/ Operations Products/Completed Operations Care, Custody & Control: \$ per horse max \$ Aggregate Deductible: N/A per claim and legal defense X - Medical Payments: \$1,000 X - Fire Legal Liability: \$50,000	Occurrence		\$1,000,000.	\$2,000,000.

EXPOSURES (ACTIVITIES) NOT LISTED WILL NOT BE COVERED BY THE COMMERCIAL EQUINE OPERATION'S LIABILITY POLICY.

Exposure Code

B 03
 B 04
 G 01a
 G 01b

Exposure (Activity Description)

Commercial Maximum Usage Horses
 Low Usage Horses
 Horse Drawn Vehicle Rides, City
 Horse Drawn Vehicle Rides, Rural

EXCLUSIONS

As per policy contract.

CANCELLATION:

Should any of the described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

NAME AND ADDRESS OF: X - Certificate Holder

City of LaCrosse
 400 LaCrosse Street
 LaCrosse, WI 54601

Date Issued: January 10, 2013
 Authorized Representative:

Linda Leistman

CERTIFICATE OF INSURANCE

This Document is a Certificate of Insurance. This is to certify that policies of insurance listed below here have been issued to the insured named herein and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES LISTED BELOW.

BINDING OF THIS COVERAGE IS CONTINGENT UPON THE INSURED'S CONSIDERATION OF PREMIUM PAYMENT BEING POST-MARKED TO ARK AGENCY ON OR BEFORE THE EFFECTIVE DATE STATED ON THIS BINDER.

NAME AND ADDRESS OF AGENCY
 NORTH AMERICAN HORSEMEN'S ASSOCIATION
 Administrative Office: Ark Agency
 310 Washburne Ave., Box 223
 Paynesville, MN 56362

Policy No.: PGP 716308
 LOCATIONS (if other than mailing address)

NAME AND ADDRESS OF INSURED
 Cinderella Carriage, LLC
 30321 State Hwy 27
 Cashton, WI 54619

COMPANY: Tudor Insurance Company
 Effective: 12:01 AM 1/23/2013 Expires: 12:01 AM 1/23/2014

Type of Liability Insurance	Coverage Form	Bodily Injury & Property Damage Combined	Limits of Liability	
			Each Occurrence Or Claim	Aggregate Per Policy Year
X - Comprehensive Form Deductible: N/A per claim and legal defense - Premises/ Operations Products/Completed Operations Care, Custody & Control: \$ per horse max \$ Aggregate Deductible: N/A per claim and legal defense X - Medical Payments: \$1,000 X - Fire Legal Liability: \$50,000	Occurrence		\$1,000,000.	\$2,000,000.

EXPOSURES (ACTIVITIES) NOT LISTED WILL NOT BE COVERED BY THE COMMERCIAL EQUINE OPERATION'S LIABILITY POLICY.

Exposure Code	Exposure (Activity Description)
B 03	Commercial Maximum Usage Horses
B 04	Low Usage Horses
G 01a	Horse Drawn Vehicle Rides, City
G 01b	Horse Drawn Vehicle Rides, Rural

EXCLUSIONS
 As per policy contract.

CANCELLATION:

Should any of the described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

NAME AND ADDRESS OF: X - Certificate Holder
 City of LaCrosse
 400 LaCrosse Street
 LaCrosse, WI 54601

Date Issued: January 10, 2013
 Authorized Representative:

Linda Leitman

A Carriage Ride For Any Occasion...

At Cinderella Carriage LLC we offer many services, we have taken part in many bride's special day, as well as surprise parties, anniversaries & birthdays. What better way to make your special someone's dream come true!

- Weddings
- Engagements
- Anniversaries
- Birthdays
- Company Events
- Valentine's Day
- Prom
- Proposals
- Parades
- Family Reunions and more.....

We would love to take part in your special event! Let us know what you have in mind and we will put together a package just for you!

Corporate Needs?

Want an eye catching way to represent your business? We can help! Book us for your Open House, Grand Opening, Local Festival, Company Picnic. Customer Appreciation or Christmas Party.



Come see us at...

- March 16, 2013
Irishfest Parade, La Crosse, WI
- March 16, 2013
St. Patrick's Parade, Avoca, WI
- June 9, 2013
Butterfest Parade, Sparta, WI
- September 15, 2013
Blair Cheesefest Parade, Blair, WI
- September 28, 2013
Maple Leaf Parade, La Crosse, WI
- September 29, 2013
Cranfest Parade, Warrens, WI
- October 3, 2013
Torchlight Parade, La Crosse, WI
- November 22, 2013
Rotary Lights Parade, La Crosse, WI
- November 22, 2013
Twinklefest Parade, Viroqua, WI

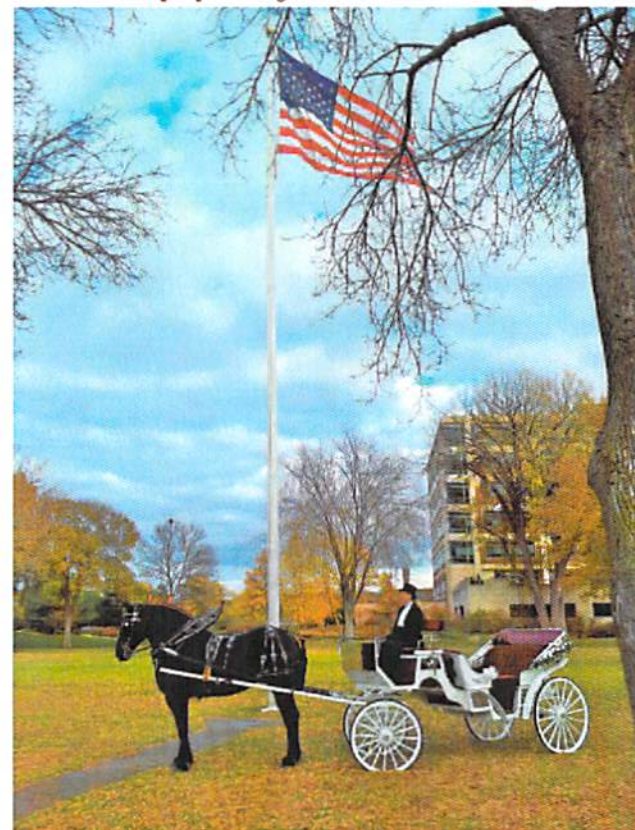


Rotary Lights

Come see the spectacular display of holiday lights at Riverside Park in La Crosse, WI. Enjoy the lights in style, take a ride in one of our carriages or sleigh to view this holiday tradition. Please call or check our website for days we will be present.

Cinderella Carriage

'For All Your Happily Ever Afters'



30321 State Highway 27
Cashton, WI 54619
608-606-0614
www.cinderellacarriagellc.com



Photo by Metal Bird Media LLC

How We Got Started...

Cinderella Carriage L.L.C. was started in the Fall of 2006 as a sideline to our show hitch, Hemmersbach Percherons. Our family has been showing Percherons for over 30 years throughout the Midwest & Canada, enjoying many successes. Our horses are well known for their style & presence. We can be seen in numerous area parades, including the Tapping of the Golden Keg & Maple Leaf parade, where we pull the beer wagon for City Brewery. Our crowd pleasing horses would make a memorable addition to your special day!



Have you ever dreamt of riding in an elegant carriage with a magnificent black horse?

This could be you! A beautifully decorated carriage, an impeccably groomed black Percheron horse, decorations on the horse designed to match your wedding/special event colors, and a professionally attired driver and assistant.

All events require a reservation. Please call us as soon as you know your date, our schedule fills up fast!

Cinderella Carriage LLC

Lynn Hemmersbach
30321 State Highway 27
Cashton, WI 54619
608-606-0614



www.cinderellacarriagellc.com
info@cinderellacarriagellc.com



'Sal'

Sal is a 9 year old Percheron gelding. This will be his fifth year working on the carriage. Sal is a very smart, friendly, patient horse who loves people and does a great job on the carriage.



'Jazzy'

Jazzy is a 11 year old Percheron mare. She has been in many parades, weddings & special events. This is Jazzy's third year pulling the carriage. Jazzy is very photogenic & would love to be part of your special event!



This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory -- GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11

GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST **EIA-1566233**


SERIAL NO. WI-1566233	ACCESSION NO. B13-02008	DATE COMMITTED 1/23/13	COUNTY Monroe
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

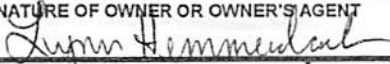
NAME & ADDRESS OF OWNER Hemmersbach, Wally & Kathy E 10206A Kelbel Rd Cashton, WI 54619 608-654-7729	NAME & ADDRESS OF VETERINARIAN Leon Valley Veterinary Services Kristy J Brown, DVM 7369 Kate Ave. Sparta, WI 54656 608-269-3292	NAME & ADDRESS OF STABLE/MARKET Hemmersbach, Wally & Kathy E 10206A Kelbel Rd Cashton, WI 54619 608-654-7729
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VETERINARY LICENSE OR ACCREDITATION NO. 044961 / WI:3428	TEST TYPE ELISA	REASON FOR TESTING Annual
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CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Signed by: Kristy J Brown, DVM Reason: Authorization Date & Time: 23 Jan 2013 09:31:40 -08:00	SIGNATURE NAME Kristy J Brown, DVM	DATE BLOOD DRAWN 1/19/13
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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.

SIGNATURE OF OWNER OR OWNER'S AGENT 	SIGNATURE NAME Hemmersbach, Wally & Kathy	SIGNATURE DATE 1/23/13
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NAME OF HORSE Sal	ID1 N/A	ID2 N/A	ID3 N/A
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COLOR Black	AGE OR DOB January 1, 2004	BREED Percheron	GENDER Gelding
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REMARKS:



NARRATIVE DESCRIPTION (See animal photograph(s) above)

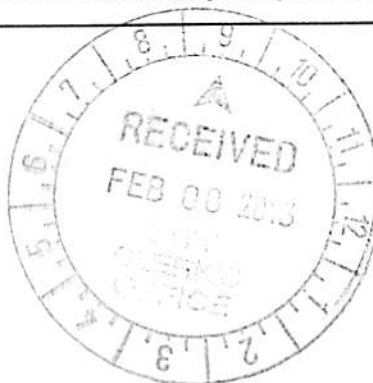
HEAD star / scar on nose	OTHER MARKS AND BRANDS
LEFT FORELIMB solid	RIGHT FORELIMB solid
LEFT HINDLIMB partial coronet	RIGHT HINDLIMB solid

FOR LABORATORY USE ONLY

LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97, 1521 E Guy Avenue Barron, Wisconsin 54812 715-637-3151	TUBE NO. 1261014-2	DATE RECEIVED 1/24/13	DATE REPORTED 1/24/13	TEST RESULTS Negative
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TECHNICIAN Bonnie A Fogelberg	SIGNATURE OF TECHNICIAN 	Signed by: Bonnie A Fogelberg Reason: Authorization Date & Time: 24 Jan 2013 11:39:00 -08:00
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NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.



This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11

GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST **EIA-1566257**


SERIAL NO. WJ-1566257	ACCESSION NO. B13-02008	DATE COMMITTED 1/23/13	COUNTY Monroe
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

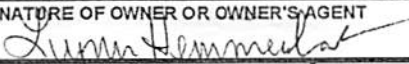
NAME & ADDRESS OF OWNER Hemmersbach, Wally & Kathy E 10206A Kelbel Rd Cashton, WI 54619 608-654-7729	NAME & ADDRESS OF VETERINARIAN Leon Valley Veterinary Services Kristy J Brown, DVM 7369 Kate Ave. Sparta, WI 54656 608-269-3292	NAME & ADDRESS OF STABLE/MARKET Hemmersbach, Wally & Kathy E 10206A Kelbel Rd Cashton, WI 54619 608-654-7729
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VETERINARY LICENSE OR ACCREDITATION NO. 044961 / WI:3428	TEST TYPE ELISA	REASON FOR TESTING Annual
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CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Signed by: Kristy J Brown, DVM Reason: Authorization Date & Time: 23 Jan 2013 09:43:08 -08:00	SIGNATURE NAME Kristy J Brown, DVM	DATE BLOOD DRAWN 1/19/13
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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.

SIGNATURE OF OWNER OR OWNER'S AGENT 	SIGNATURE NAME Hemmersbach, Wally & Kathy	SIGNATURE DATE 1/23/13
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NAME OF HORSE Jazzy	ID1 N/A	ID2 N/A	ID3 N/A	COLOR Black	AGE OR DOB January 1, 2003	BREED Percheron	GENDER Female
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REMARKS:



NARRATIVE DESCRIPTION (See animal photograph(s) above)

HEAD star	OTHER MARKS AND BRANDS
LEFT FORELIMB solid	RIGHT FORELIMB solid
LEFT HINDLIMB solid	RIGHT HINDLIMB solid

FOR LABORATORY USE ONLY


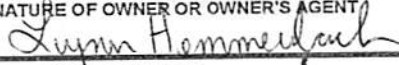

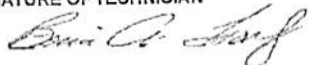
LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97, 1521 E Guy Avenue Barron, Wisconsin 54812 715-637-3151	TUBE NO. 1386378-0	DATE RECEIVED 1/24/13	DATE REPORTED 1/24/13	TEST RESULTS Negative
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TECHNICIAN Bonnie A Fogelberg	SIGNATURE OF TECHNICIAN 	Signed by: Bonnie A Fogelberg Reason: Authorization Date & Time: 24 Jan 2013 11:39:01 -08:00
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NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.



This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11

GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST			EIA-1566230	
SERIAL NO. WI-1566230	ACCESSION NO. B13-02008	DATE COMMITTED 1/23/13	COUNTY Monroe	
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.				
NAME & ADDRESS OF OWNER Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729		NAME & ADDRESS OF VETERINARIAN Leon Valley Veterinary Services Kristy J Brown, DVM 7369 Kate Ave. Sparta, WI 54656 608-269-3292		NAME & ADDRESS OF STABLE/MARKET Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729
VETERINARY LICENSE OR ACCREDITATION NO. 044961 / WI:3428		TEST TYPE ELISA	REASON FOR TESTING Annual	
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.				
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Signed by: Kristy J Brown, DVM Reason: Authorization Date & Time: 23 Jan 2013 09:30:17 -08:00		SIGNATURE NAME Kristy J Brown, DVM	DATE BLOOD DRAWN 1/19/13	
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.				
SIGNATURE OF OWNER OR OWNER'S AGENT 		SIGNATURE NAME Hemmersbach, Wally & Kathy	SIGNATURE DATE 1/23/13	
NAME OF HORSE Max	ID1 N/A	ID2 N/A	ID3 N/A	
COLOR Black	AGE OR DOB January 1, 2002	BREED Percheron	GENDER Gelding	
REMARKS:				
				
NARRATIVE DESCRIPTION (See animal photograph(s) above)				
HEAD star / snip		OTHER MARKS AND BRANDS solid		
LEFT FORELIMB solid		RIGHT FORELIMB solid		
LEFT HINDLIMB solid		RIGHT HINDLIMB solid		
FOR LABORATORY USE ONLY				
LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97, 1521 E Guy Avenue Barron, Wisconsin 54812 715-637-3151	TUBE NO. 1261025-2	DATE RECEIVED 1/24/13	DATE REPORTED 1/24/13	TEST RESULTS Negative
TECHNICIAN Bonnie A Fogelberg	SIGNATURE OF TECHNICIAN 		Signed by: Bonnie A Fogelberg Reason: Authorization Date & Time: 24 Jan 2013 11:38:59 -08:00	
NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.				



This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11

GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-1566231


SERIAL NO. WI-1566231	ACCESSION NO. B13-02008	DATE COMMITTED 1/23/13	COUNTY Monroe
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

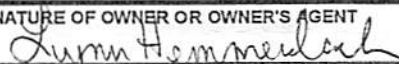
NAME & ADDRESS OF OWNER Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729	NAME & ADDRESS OF VETERINARIAN Leon Valley Veterinary Services Kristy J Brown, DVM 7369 Kate Ave. Sparta, WI 54656 608-269-3292	NAME & ADDRESS OF STABLE/MARKET Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729
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VETERINARY LICENSE OR ACCREDITATION NO. 044961 / WI:3428	TEST TYPE ELISA	REASON FOR TESTING Annual
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CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify that the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Signed by: Kristy J Brown, DVM Reason: Authorization Date & Time: 23 Jan 2013 09:30:59 -08:00	SIGNATURE NAME Kristy J Brown, DVM	DATE BLOOD DRAWN 1/19/13
---	--	------------------------------------

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.

SIGNATURE OF OWNER OR OWNER'S AGENT 	SIGNATURE NAME Hemmersbach, Wally & Kathy	SIGNATURE DATE 1/23/13
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NAME OF HORSE Roy	ID1 N/A	ID2 N/A	ID3 N/A
COLOR Black	AGE OR DOB January 1, 2006	BREED Percheron	GENDER Gelding

REMARKS:



NARRATIVE DESCRIPTION (See animal photograph(s) above)

HEAD star / strip - scar on nose	OTHER MARKS AND BRANDS solid
LEFT FORELIMB solid	RIGHT FORELIMB solid
LEFT HINDLIMB solid	RIGHT HINDLIMB solid

FOR LABORATORY USE ONLY

LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97, 1521 E Guy Avenue Barron, Wisconsin 54812 715-637-3151	TUBE NO. 1261019-2	DATE RECEIVED 1/24/13	DATE REPORTED 1/24/13	TEST RESULTS Negative
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TECHNICIAN Bonnie A Fogelberg	SIGNATURE OF TECHNICIAN  Signed by: Bonnie A Fogelberg Reason: Authorization Date & Time: 24 Jan 2013 11:39:00 -08:00
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GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

EIA-1566224


SERIAL NO. WI-1566224	ACCESSION NO. B13-02008	DATE COMMITTED 1/23/13	COUNTY Monroe
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

NAME & ADDRESS OF OWNER Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729	NAME & ADDRESS OF VETERINARIAN Leon Valley Veterinary Services Kristy J Brown, DVM 7369 Kate Ave. Sparta, WI 54656 608-269-3292	NAME & ADDRESS OF STABLE/MARKET Hemmersbach, Wally & Kathy E10206A Kelbel Rd Cashton, WI 54619 608-654-7729
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VETERINARY LICENSE OR ACCREDITATION NO. 044961 / WI:3428	TEST TYPE ELISA	REASON FOR TESTING Annual
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CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 	SIGNED BY: Kristy J Brown, DVM Reason: Authorization Date & Time: 23 Jan 2013 09:26:24 -08:00	SIGNATURE NAME Kristy J Brown, DVM	DATE BLOOD DRAWN 1/19/13
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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.

SIGNATURE OF OWNER OR OWNER'S AGENT 	SIGNATURE NAME Hemmersbach, Wally & Kathy	SIGNATURE DATE 1/23/13
--	--	---------------------------

NAME OF HORSE Ben	ID1 N/A	ID2 N/A	ID3 N/A
COLOR Black	AGE OR DOB January 1, 2001	BREED Percheron	GENDER Gelding

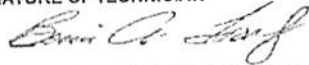
REMARKS:



NARRATIVE DESCRIPTION (See animal photograph(s) above)

HEAD solid	OTHER MARKS AND BRANDS
LEFT FORELIMB solid	RIGHT FORELIMB solid
LEFT HINDLIMB solid	RIGHT HINDLIMB solid

FOR LABORATORY USE ONLY				
LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97, 1521 E Guy Avenue Barron, Wisconsin 54812 715-637-3151	TUBE NO. 1261013-2	DATE RECEIVED 1/24/13	DATE REPORTED 1/24/13	TEST RESULTS Negative

TECHNICIAN Bonnie A Fogelberg	SIGNATURE OF TECHNICIAN 	SIGNED BY: Bonnie A Fogelberg Reason: Authorization Date & Time: 24 Jan 2013 11:38:55 -08:00
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