

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-3593801**

SERIAL NO. CA-3593801	LAB / ACCESSION NO.	DATE SIGNED 2017-03-30	COUNTY
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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 Ingred Weibust 3408 Viewpoint Way Oceanside CA 92056 Phone: 978-500-1448 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN Creekside Veterinary Service Steve Colburn DVM 8751 Old Castle Road Escondido, CA 92026 Phone: 760-751-1020	NAME & ADDRESS OF STABLE/MARKET Jess Wentworth 2440 Cloverdale Rd Escondido CA 92027 Phone: 619-985-9462 PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN: 055621	TEST TYPE	REASON FOR TESTING Change of Ownership
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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 below.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	SIGNATURE NAME Steve Colburn DVM	DATE BLOOD DRAWN 2017-03-30
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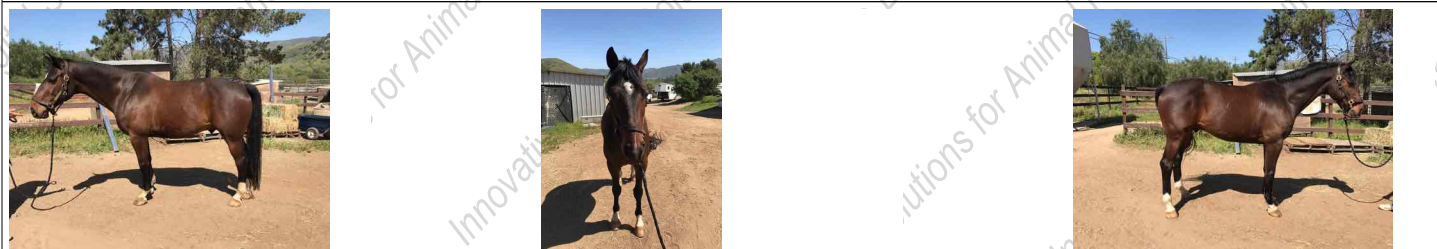
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT	SIGNATURE NAME Ingred Weibust	SIGNATURE DATE 2017-03-30
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NAME OF HORSE Lucky Shot	ID1	ID2	ID3
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COLOR Bay	AGE OR DOB 2009-08-16	BREED Warmblood	GENDER Neutered/Castrated Male
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REMARKS:



NARRATIVE DESCRIPTION:

HEAD: Star, snip	
LEFT FORELIMB: Sock	RIGHT FORELIMB: Sock
LEFT HINDLIMB: Stocking	RIGHT HINDLIMB: Stocking
OTHER MARKS AND BRANDS '9' on right butt check, '3' on left butt check	

RABIES VACCINATION

TYPE	VACC. DATE	PRODUCT	SERIAL NUMBER	EXPIR. DATE	ADMINISTERED BY

FOR LABORATORY USE ONLY

LABORATORY	TUBE NO.	DATE RECEIVED	DATE REPORTED	TEST RESULTS

TECHNICIAN	SIGNATURE OF TECHNICIAN

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