

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-3245094**

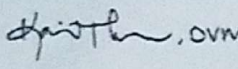
SERIAL NO. AZ-3245094	LAB / ACCESSION NO. 7900886721	DATE SIGNED 2016-08-17	COUNTY
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

<b>NAME &amp; ADDRESS OF OWNER</b> Alicia Szostak 137206 E Cascolote Dr.  Scottsdale AZ 85262 Phone: 480-438-7371  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> Chaparral Veterinary Medical Center Karin Thomasson DVM 32100 N. Cave Creek Rd Cave Creek, AZ 85331  Phone: 480-595-8600	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> Alicia Szostak 137206 E Cascolote Dr.  Scottsdale AZ 85262 Phone: 480-438-7371  PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN: 069429	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 below.

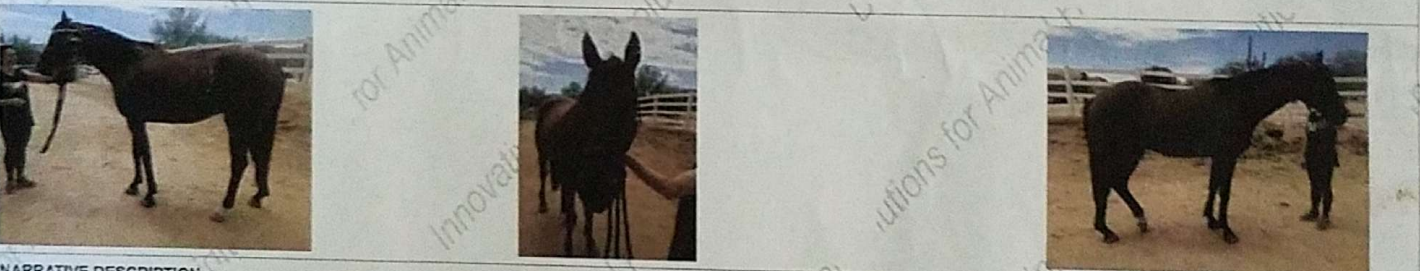
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Karin Thomasson DVM 2016-08-17 2:55 PM -07:00	SIGNATURE NAME Karin Thomasson DVM	DATE BLOOD DRAWN 2016-08-17
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CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT	SIGNATURE NAME Alicia Szostak	SIGNATURE DATE 2016-08-17
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NAME OF HORSE Monty	ID1	ID2	ID3
COLOR Bay	AGE OR DOB 2010-08-17	BREED Thoroughbred	GENDER Neutered/Castrated Male

REMARKS:



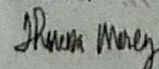
NARRATIVE DESCRIPTION:

HEAD: nil	RIGHT FORELIMB: nil
LEFT FORELIMB: nil	RIGHT HINDLIMB: nil
LEFT HINDLIMB: fetlock	
OTHER MARKS AND BRANDS illegible lip tattoo   nil	

**RABIES VACCINATION**

TYPE	VACC. DATE	PRODUCT	SERIAL NUMBER	EXPIR. DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					

LABORATORY IDEXX Phoenix 11034 N 23rd Drive suite 100  Phoenix AZ 85029	TUBE NO. 100859504-0	DATE RECEIVED 2016-08-17	DATE REPORTED 2016-08-18	TEST RESULTS Negative
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TECHNICIAN Theresa Morey	SIGNATURE OF TECHNICIAN  Theresa Morey
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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.