

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-3321075**

<b>SERIAL NO.</b> VA-3321075	<b>LAB / ACCESSION NO.</b>	<b>DATE SIGNED</b> 2016-10-18	<b>COUNTY</b>
---------------------------------	----------------------------	----------------------------------	---------------

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> Richard Crowell 2328 Colts Brook Dr  Reston VA 20191 Phone: 703-437-7967  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> True North Equine Veterinary Services Ann-Marie Hancock 6666 Carters Run Rd Marshall, VA 20115  Phone: (540) 364-9111	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> Maggie Griffith (Barn) 8793 Green Rd.  Warrenton VA 20187 Phone: (703) 785-0999  PIN: NA / LID: NA
---	---	--

<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: 012946	<b>TEST TYPE</b>	<b>REASON FOR TESTING</b> 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 below.

<b>SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</b>	<b>SIGNATURE NAME</b> Ann-Marie Hancock	<b>DATE BLOOD DRAWN</b> 2016-10-18
---	--	---------------------------------------

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.

<b>SIGNATURE OF OWNER OR OWNER'S AGENT</b>	<b>SIGNATURE NAME</b> Richard Crowell	<b>SIGNATURE DATE</b> 2016-10-18
--	--	-------------------------------------

<b>NAME OF HORSE</b> Bruja Breeze (Dora)	<b>ID1</b>	<b>ID2</b>	<b>ID3</b>
<b>COLOR</b> Chestnut	<b>AGE OR DOB</b> 2003-01-01	<b>BREED</b> Thoroughbred Horse	<b>GENDER</b> Mare

**REMARKS:**



**NARRATIVE DESCRIPTION:**

<b>HEAD:</b> Star/Stripe/Snip	
<b>LEFT FORELIMB:</b> Half Pastern	<b>RIGHT FORELIMB:</b> None
<b>LEFT HINDLIMB:</b> Sock	<b>RIGHT HINDLIMB:</b> Half Pastern

**OTHER MARKS AND BRANDS**

**RABIES VACCINATION**

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

**FOR LABORATORY USE ONLY**

<b>LABORATORY</b>	<b>TUBE NO.</b>	<b>DATE RECEIVED</b>	<b>DATE REPORTED</b>	<b>TEST RESULTS</b>
-------------------	-----------------	----------------------	----------------------	---------------------

<b>TECHNICIAN</b>	<b>SIGNATURE OF TECHNICIAN</b>
-------------------	--------------------------------

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.