This Equine Infectious Anemia (I	EIA) test was processed by	an NVSL Accredited Laboratory	GlobalVetLINK's eEIA test form	contains all data fields	as found on federal form VS 1	0-11
GlobalVetLINK - EQI	UINE INFECTIOUS	S ANEMIA LABORAT	ORY TEST	EIA-36246	18	
SERIAL NO. FL-3624618	LAB / A	CCESSION NO.	DATE SIGNED	Hilo.	Clay	
677	ntions Of The Horse and Co	amplete Addresses Including 7:5	2017-04-10 Codes, and Telephone Numbers V	Will Not Be Processed	Clay	-0
NAME & ADDRESS OF OV Lyn Devenuta / Silk Fox Fa 3095 Goose Creek Lane	VNER Irm, LLC	NAME & ADDRESS Jacksonville Equine Kelsey Vallario 3750 Riverside Ave.	OF VETERINARIAN Associates	NAME & Al Lyn Deven 3095 Goos	DDRESS OF STABLE/MA uta / Silk Fox Farm, LLC ie Creek Lane	RKET
Green Cove Springs FL 32 Phone: 904-465-7117	043	Jacksonville, FL 322 Phone: 904-387-333			re Springs FL 32043 4-465-7117	
PIN: NA / LID: NA			PIN: NA / LID: NA		. 3	
VETERINARY LICENSE OR ACCREDITATION NO. NAN: 074063		TEST TYPE		REASON FO Annual	REASON FOR TESTING Annual	
CERTIFICATION OF FEDERAL	LY ACCREDITED VETERIN	IARIAN I certify the specimen su	omitted with this form was drawn b	by me from the horse de	escribed below on the day indi	cated belo
SIGNATURE OF FEDERALLY	ACCREDITED VETERINAR	IAN	%(Or,	SIGNATURE NA Kelsey Vallario	AME DAT 201	E BLOOD 7-04-10
CERTIFICATION OF OWNER C	OR OWNER'S AGENT I cert	fy that I have examined this form	and, to the best of my knowledge		- 2	
SIGNATURE OF OWNER OR OWNER'S AGENT		15	18)	SIGNATURE NA		NATURE I 7-04-10
7/20	1 Hic	<u>'tio'</u>	165		BI.	10,
NAME OF HORSE Tiara	ID1		ID2		ID3	
COLOR	\8	AGE OR DOB 2015-07-09		EED specified/ unknown	GENDI Femal	
REMARKS:	. 10		· ·		- CA	C 7.
	OLD	Introllation of the second		utions for Arin		
NARRATIVE DESCRIPTION:	10				(Parket and Art and Ar	
HEAD: Blaze			2,0,			
LEFT FORELIMB: Stocking	-'0'		RIGHT FORELIMB: St	ocking	.02	
LEFT HINDLIMB: Stocking		6	RIGHT HINDLIMB: Sto	RIGHT HINDLIMB: Stocking		
OTHER MARKS AND BRANDS	: 1111	. 113	,0,	~9)	700	-1
RABIES VACCINATION	7.8. C.P					
FOR LABORATORY USE O	C. DATE PRODU	JCT SERIAL NU	MBER EXPIR. DATE		ADMINISTERED BY	
	~40.	TUBE NO.	DATE RECEIVED	DATE REPO	RTED TEST RE	SULTS
LABORATORY		1	/ //	C	(7)	
LABORATORY		Majiye	al Health.	Willons	is sine of	<u>.</u>



