

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-3485706**

<b>SERIAL NO.</b> PA-3485706	<b>LAB / ACCESSION NO.</b>	<b>DATE SIGNED</b> 2017-02-21	<b>COUNTY</b>
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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> Tracy Odell 5530 General Couch Circle  Mechanicsburg PA 17050 Phone: (717) 728-5591  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> Green Glen Equine Hospital Elizabeth Hochreiter 6675 Glenville Rd. Glen Rock, PA 17327  Phone: 717-235-4312	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> Heritage Acres 270 Chestnut Grove Road  Dillsburg PA 17019 Phone: (000) 000-0000  PIN: NA / LID: NA
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<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: 068995	<b>TEST TYPE</b>	<b>REASON FOR TESTING</b> 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.

<b>SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</b>	<b>SIGNATURE NAME</b> Elizabeth Hochreiter	<b>DATE BLOOD DRAWN</b> 2017-02-20
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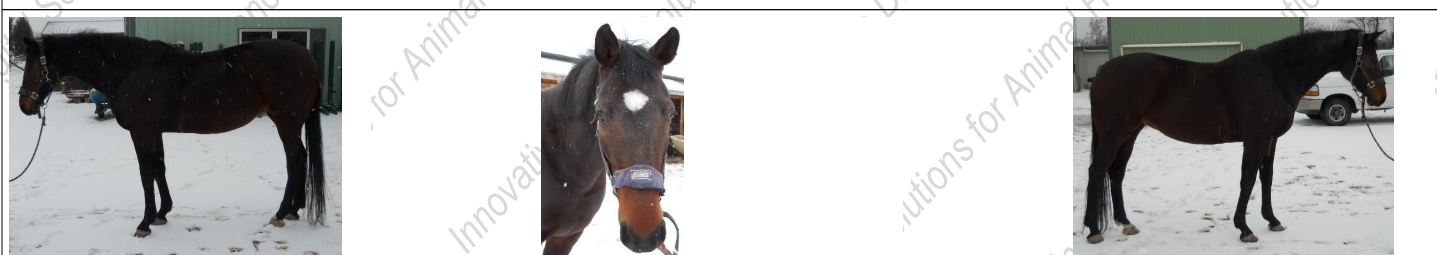
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

<b>SIGNATURE OF OWNER OR OWNER'S AGENT</b>	<b>SIGNATURE NAME</b> Tracy Odell	<b>SIGNATURE DATE</b> 2017-02-21
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<b>NAME OF HORSE</b> FUN KILLER	<b>ID1</b> Barn Name: FEATHER	<b>ID2</b>	<b>ID3</b>
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<b>COLOR</b> Bay	<b>AGE OR DOB</b> 2001-05-01	<b>BREED</b> Canadian Sport Horse	<b>GENDER</b> Mare
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**REMARKS:**



**NARRATIVE DESCRIPTION:**

<b>HEAD:</b> whorl, star, small snip	
<b>LEFT FORELIMB:</b> heel white	<b>RIGHT FORELIMB:</b> n/m
<b>LEFT HINDLIMB:</b> coronet, medial pastern and part of fetlock white	<b>RIGHT HINDLIMB:</b> n/m
<b>OTHER MARKS AND BRANDS</b> n/m   n/m	

**RABIES VACCINATION**

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

<b>LABORATORY</b>	<b>TUBE NO.</b>	<b>DATE RECEIVED</b>	<b>DATE REPORTED</b>	<b>TEST RESULTS</b>
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<b>TECHNICIAN</b>	<b>SIGNATURE OF TECHNICIAN</b>
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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.