

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-3504714

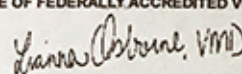
<b>SERIAL NO.</b> GA-3504714	<b>LAB / ACCESSION NO.</b> A17-28417	<b>DATE SIGNED</b> 2017-03-02	<b>COUNTY</b>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

<b>NAME &amp; ADDRESS OF OWNER</b> Emily Burke 1191 Evans Road  Watkinsville GA 30677 Phone: 404-520-1691  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> Piedmont Equine Associates Lianna Osborne VMD PO Box 1373 Madison, GA 30650  Phone: 706-752-1818	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> Emily Burke 1191 Evans Road  Watkinsville GA 30677 Phone: 404-520-1691  PIN: NA / LID: NA
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<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: 065189	<b>TEST TYPE</b> AGID	<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> Lianna Osborne VMD	<b>DATE BLOOD DRAWN</b> 2017-02-27
<b>SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</b> Lianna Osborne VMD 2017-03-02 8:54 AM -08:00		

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> Emily Burke	<b>SIGNATURE DATE</b> 2017-03-02
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<b>NAME OF HORSE</b> Bella	<b>ID1</b>	<b>ID2</b>	<b>ID3</b>
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<b>COLOR</b> Sorrel/White	<b>AGE OR DOB</b> 2011-01-01	<b>BREED</b> Pinto	<b>GENDER</b> Mare
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**REMARKS:**



**NARRATIVE DESCRIPTION:**

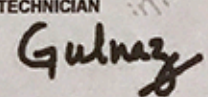
**HEAD:** Bald Face  
**LEFT FORELIMB:** Stocking  
**RIGHT FORELIMB:** Pastern  
**LEFT HINDLIMB:** Stocking  
**RIGHT HINDLIMB:** Pastern  
**OTHER MARKS AND BRANDS**  
 Paint Markings

**RABIES VACCINATION**

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

<b>LABORATORY</b> Athens Veterinary Diagnostic Laboratory - UGA 501 DW Brooks Drive University of Georgia Athens GA 30602	<b>TUBE NO.</b> 101040257-0	<b>DATE RECEIVED</b> 2017-03-03	<b>DATE REPORTED</b> 2017-03-06	<b>TEST RESULTS</b> Negative
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<b>TECHNICIAN</b> Gulnaz Shaikh	<b>SIGNATURE OF TECHNICIAN</b> 	<b>SIGNATURE OF TECHNICIAN</b> Gulnaz Shaikh 2017-03-06 7:10 AM -08:00
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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.