O_{lo}		1700	-:0/10			0	III.	18/12	
This Equine Infectious Ar	nemia (EIA) test wa	s processed by an NVS	L Accredited Laboratory —-Gl	obalVetLINK's eEIA test fo	rm contain	s all data fields a	s found on federal forn	n VS 10-11	
GlobalVetLINK	- EQUINE IN	FECTIOUS AN	EMIA LABORATOR	Y TEST	ST EIA-3427801				
SERIAL NO. CA-3427801		LAB / ACCESSI	ON NO.	DATE SIGNED 2017-01-18		40.	COUNTY San Diego	180	
Forms Without Adequate	Descriptions Of Th	ne Horse and Complete	Addresses Including Zip Code	s, and Telephone Number	s Will Not E	Be Processed.	1/1/10	:49,	
				ne Veterinary Services, Inc. As rg DVM 17			NAME & ADDRESS OF STABLE/MARKET Ashley Ridge 17205 Voorhes Ln.		
Ramona CA 92065 Phone: 5622084793			Mira Mesa, CA 92196 Phone: 858-547-9111			Ramona CA 92065 Phone: 5622084793			
PIN: NA / LID: NA			1100te: 030-347-3111			PIN: NA / LID: NA			
VETERINARY LICENSE OR ACCREDITATION NO. NAN: Fed Accr No. 057611						REASON FOR TESTING Annual			
CERTIFICATION OF FEI	DERALLY ACCRE	DITED VETERINARIAN	I certify the specimen submitte	ed with this form was draw	n by me fro	om the horse des	cribed below on the da	ay indicated below.	
SIGNATURE OF FEDER			70.			SIGNATURE NAME Joe Rosenberg DVM		DATE BLOOD DRAWN 2017-01-18	
	Y47		have examined this form and	to the best of my knowled			- 2	://0	
SIGNATURE OF OWNER	R OR OWNER'S A	GENT	ns,	3		Ashley Ridge	<i>V</i>),	SIGNATURE DATE 2017-01-18	
NAME OF HORSE		ID1		ID2			ID3	.,,\	
REMARKS: NARRATIVE DESCRIPT		or Arimon	AGE OR DOB 2008-01-01		BREED Morgan	STOTACITOR		SENDER Female	
HEAD: Small star		7/10		<u> </u>				K	
LEFT FORELIMB: Non	RIGHT FORELIMB: None								
LEFT HINDLIMB: None				RIGHT HINDLIMB: None					
OTHER MARKS AND BI	RANDS		~	,0,	~W.	N 1	7/1/10	7/2°	
RABIES VACCINATION	ON			4.00		2/4		352	
TYPE	VACC. DATE	PRODUCT	SERIAL NUMBE	ER EXPIR. DAT	E	'oll'	ADMINISTERED I	BY	
FOR LABORATORY	USE ONLY		V2	(0		l			
LABORATORY	~~~	رد. رد.	TUBE NO.	DATE RECEIVED		DATE REPORT	ED. TE	ST RESULTS	
TECHNICIAN		~/	SIGNATURE OF TECHNICIA	AN 'AN'		~~	٥٨.	0/	

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