

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-3300265


SERIAL NO. FL-3300265	LAB / ACCESSION NO. 16-V09205	DATE SIGNED 2016-09-30	COUNTY Hernando
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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> NIKKY WALSH 28998 Sugarsand Pl  Brooksville FL 34602 Phone: 352-587-1369  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> DADE CITY ANIMAL CLINIC Sarah Quatman DVM PO BOX 528 DADE CITY, FL 33526  Phone: 352-567-2669	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> NIKKY WALSH 28998 Sugarsand Pl  Brooksville FL 34602 Phone: 352-587-1369  PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN 041620	TEST TYPE AGID	REASON FOR TESTING 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.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 	Sarah Quatman DVM 2016-09-30 1:22 PM -07:00	SIGNATURE NAME Sarah Quatman DVM	DATE BLOOD DRAWN 2016-09-30
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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.

SIGNATURE OF OWNER OR OWNER'S AGENT	SIGNATURE NAME NIKKY WALSH	SIGNATURE DATE 2016-09-30
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<b>NAME OF HORSE</b> GOLDEN BOY	<b>ID1</b>	<b>ID2</b>	<b>ID3</b>
<b>COLOR</b> Bay	<b>AGE OR DOB</b> 2002-09-30	<b>BREED</b> Hanoverian	<b>GENDER</b> Neutered/Castrated Male

**REMARKS:****NARRATIVE DESCRIPTION:**

HEAD: STAR

LEFT FORELIMB:

RIGHT FORELIMB: SOCK

LEFT HINDLIMB: SOCK

RIGHT HINDLIMB: SOCK

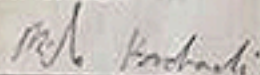
OTHER MARKS AND BRANDS

**BABE'S VACCINATION**

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

<b>LABORATORY</b> Equine Reproduction Center of Central Florida EIA Lab 1405 S. Glencoe Road  New Smyrna Beach FL 32168	<b>TUBE NO.</b> 100000093-0	<b>DATE RECEIVED</b> 2016-10-03	<b>DATE REPORTED</b> 2016-10-04	<b>TEST RESULTS</b> Negative
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<b>TECHNICIAN</b> Mike Kondracki	<b>SIGNATURE OF TECHNICIAN</b>  Mike Kondracki 2016-10-04 1:22 PM -07:00
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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.