

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-3549375**

SERIAL NO. FL-3549375	LAB / ACCESSION NO. Z17-4258	DATE SIGNED 2017-03-17	COUNTY
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

NAME & ADDRESS OF OWNER Tim & Elizabeth Gregson 10930 Spring Street Largo FL 33774 Phone: 727-410-3192 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN Odessa Equine Clinic Fay Herrero DVM PO Box 96 Odessa, FL 33556 Phone: 813-920-3697	NAME & ADDRESS OF STABLE/MARKET Tim & Elizabeth Gregson 10930 Spring Street Largo FL 33774 Phone: 727-410-3192 PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN: 037656	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  Fay Herrero DVM 2017-03-17 6:18 AM -08:00	SIGNATURE NAME Fay Herrero DVM	DATE BLOOD DRAWN 2017-03-16
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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 Tim & Elizabeth Gregson	SIGNATURE DATE 2017-03-17
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NAME OF HORSE Foxlore Blue Rock	ID1 Barn name: Paisley	ID2	ID3
COLOR Gray	AGE OR DOB 2011-03-17	BREED Welsh Pony	GENDER Female

REMARKS:



NARRATIVE DESCRIPTION:

HEAD:	
LEFT FORELIMB:	RIGHT FORELIMB:
LEFT HINDLIMB: White pastern	RIGHT HINDLIMB: White pastern

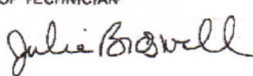
OTHER MARKS AND BRANDS

RABIES VACCINATION

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

LABORATORY Professional Vet Lab 10481 N. US. Hwy 27 Ocala FL 34482	TUBE NO. 101071019-0	DATE RECEIVED 2017-03-20	DATE REPORTED 2017-03-21	TEST RESULTS Negative
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TECHNICIAN Julie Braswell	SIGNATURE OF TECHNICIAN  Julie Braswell 2017-03-22 8:31 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.