

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-3304316**


SERIAL NO. WI-3304316	LAB / ACCESSION NO. 81375600	DATE SIGNED 2016-10-04	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 Stacy Hafeman 3597 Grasser Dr. West Bend WI 53095 Phone: (262) 707-3777 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN Wisconsin Equine Clinic & Hospital Sarah Cates 39151 Delafield Road Oconomowoc, WI 53066 Phone: 262-569-1550	NAME & ADDRESS OF STABLE/MARKET Seoul Creek Farm FC4 1896 Hwy NN West Bend WI 53095 Phone: (414) 688-8888 PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN: 070412	TEST TYPE ELISA	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 Cates 2016-10-04 1:47 PM -07:00	SIGNATURE NAME Sarah Cates	DATE BLOOD DRAWN 2016-10-03
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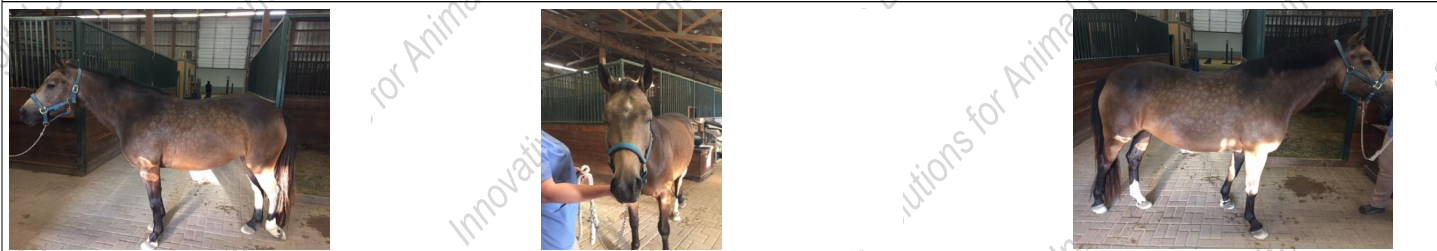
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT	SIGNATURE NAME Stacy Hafeman	SIGNATURE DATE 2016-10-04
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NAME OF HORSE Summer Seoulstice	ID1 Barn Name: Carmen	ID2	ID3
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COLOR Buckskin	AGE OR DOB 2010-01-01	BREED Welsh Pony	GENDER Mare
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REMARKS:



NARRATIVE DESCRIPTION:

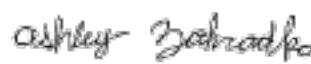
HEAD: Star, snip	
LEFT FORELIMB: Coronet with ermine	RIGHT FORELIMB: None
LEFT HINDLIMB: Sock with ermine	RIGHT HINDLIMB: None
OTHER MARKS AND BRANDS None None	

RABIES VACCINATION

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

LABORATORY Marshfield Labs 1000 North Oak Avenue Marshfield WI 54449	TUBE NO. 100902869-0	DATE RECEIVED 2016-10-05	DATE REPORTED 2016-10-05	TEST RESULTS Negative
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TECHNICIAN Ashley Zahradka	SIGNATURE OF TECHNICIAN  Ashley Zahradka 2016-10-05 5:37 AM -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
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