010	1/2)		Ho.	, ·	OUI.		
This Equine Infectious Anemia (EIA) test	was processed by an NVS	SL Accredited Laboratory -	GlobalVetLINK's eEIA tes	t form contains all data	a fields as found on federal	form VS 10-11	
GlobalVetLINK - EQUINE	INFECTIOUS AN	EMIA LABORAT	ORY TEST	EIA-3	685670		
SERIAL NO. NH-3685670	LAB / ACCESS	ION NO.	DATE SIGNED 2017-04-27	180	COUNTY	160	
Forms Without Adequate Descriptions O	f The Horse and Complete	Addresses Including Zip	Codes, and Telephone Numl	pers Will Not Be Proce	essed.	: ((3)	
NAME & ADDRESS OF OWNER Kim Bogar 286 Old Keene Road Walpole NH 03608 Phone: 603 756 3734 PIN: NA / LID: NA		NAME & ADDRESS OF VETERINARIAN Cross Border Equine Center Roger Osinchuk P.O. Box 443 Chester, VT 05143 Phone: 802-885-4883		Kim I 286 (Walp Phor	NAME & ADDRESS OF STABLE/MARKET Kim Bogar 286 Old Keene Road Walpole NH 03608 Phone: 603 756 3734 PIN: NA / LID: NA		
VETERINARY LICENSE OR ACCREDITATION NO.		TEST TYPE			ON FOR TESTING	194	
NAN: 063565 CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIA			M	Annua	()/2		
SIGNATURE OF FEDERALLY ACCREE		Total try tile specimen su	ymmeed with this form was the	10	IRE NAME	DATE BLOOD DRAWN 2017-04-24	
CERTIFICATION OF OWNER OR OWN	ER'S AGENT I certify that	I have examined this form	and, to the best of my know	ledge and belief, this	form is true, correct and cor		
SIGNATURE OF OWNER OR OWNER'S	SAGENT	ins !	ine Die	SIGNATU Kim Bog	JRE NAME	SIGNATURE DATE 2017-04-27	
NAME OF HORSE Turbo Charged	ID1 Barn Name:	Turbo Charged	ID2		ID3		
COLOR Dapple Gray	(8)	AGE OR DOB 2010-04-27	Pony - breed	BREED I not specified/ unknow	vn Neute	GENDER ered/Castrated Male	
REMARKS:)·	~~					
	or Anime	WW 12		Mionsfor			
NARRATIVE DESCRIPTION:	10	410			11		
HEAD:	(97)			/ V.4.	V.		
LEFT FORELIMB:		(0)	RIGHT FORELIME	3:	, , , , , , , , , , , , , , , , , , ,	.0.	
CTHER MARKS AND BRANDS grey black mane	W.	. ~(i5	RIGHT HINDLIMB	~ <i>y</i>)	7/125-	7/8//	
RABIES VACCINATION	28.07	777.					
TYPE VACC. DATE Booster 2017-04-24	PRODUCT Imrab LA (Large Anin	SERIAL NU	MBER EXPIR. D	ATE	ADMINISTERE Roger Osino		
FOR LABORATORY USE ONLY	10 N N	400	CVI			11,10	
LABORATORY	- 5	TUBE NO.	DATE RECEIVED	DATE	REPORTED	TEST RESULTS	
TECHNICIAN	7	SIGNATURE OF TECH	NICIAN	C0,	~0,		

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.



