

This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVet INK's EIA test form contains all data fields as found on federal form 95-15-01

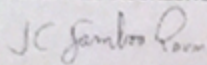
GlobalVet INK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-3791005

SERIAL NO. GA-3791005
 LAB / ACCESSION NO. 17WE0619-63
 DATE SIGNED 2017-06-16
 COUNTY

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed

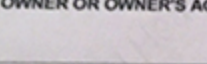
NAME & ADDRESS OF OWNER Amber Hill farm 6402 Highway 254 Cleveland GA 30528 Phone: 706-969-8473 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN Gamboa Veterinary Services Juan C. Gamboa DVM 475 Gamboa Place Aiken, SC 29803 Phone: 803-502-1049	NAME & ADDRESS OF STABLE/MARKET Amber Hill farm 6402 Highway 254 Cleveland GA 30528 Phone: 706-969-8473 PIN: NA / LID: NA
VETERINARY LICENSE OR ACCREDITATION NO. NAN: Fed Accred # 022787	TEST TYPE AGID	REASON FOR TESTING Annual

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
 Juan C. Gamboa DVM
 2017-06-16 6:35 PM -07:00

SIGNATURE NAME Juan C. Gamboa DVM
DATE BLOOD DRAWN 2017-06-01

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 Amber Hill farm
SIGNATURE DATE 2017-06-16

NAME OF HORSE Grant	ID1 Registered Name: Amber Hill's Grantham Manor	ID2	ID3
COLOR Chestnut	AGE OR DOB 2015-01-01	BREED Welsh	GENDER Male

REMARKS:



NARRATIVE DESCRIPTION:

HEAD: Blaze
LEFT FORELIMB: Fetlock
RIGHT FORELIMB: Pastern
LEFT HINDLIMB: Pastern
RIGHT HINDLIMB: Sock

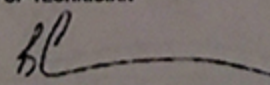
OTHER MARKS AND BRANDS

RABIES VACCINATION

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

LABORATORY On Track Laboratories 7563 State Road 7 Building 24 Lake Worth FL 33449	TUBE NO. 101202635-0	DATE RECEIVED 2017-06-19	DATE REPORTED 2017-06-21	TEST RESULTS Negative
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TECHNICIAN Brett Carter
SIGNATURE OF TECHNICIAN
 Brett Carter
 2017-06-21 9:01 AM -07:00

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.