

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-3368220**

SERIAL NO. VA-3368220	LAB / ACCESSION NO.	DATE SIGNED 2016-11-30	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 Kristen Cyron P.O. Box 474 Marshall VA 20155 Phone: (703) 203-9965 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN The Piedmont Equine Practice, Inc. Alexis Theiss DVM 4122 Zulla Rd The Plains, VA 20198 Phone: 540-364-4950	NAME & ADDRESS OF STABLE/MARKET Kristen Cyron P.O. Box 474 Marshall VA 20155 Phone: (703) 203-9965 PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN: 039907	TEST TYPE	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.

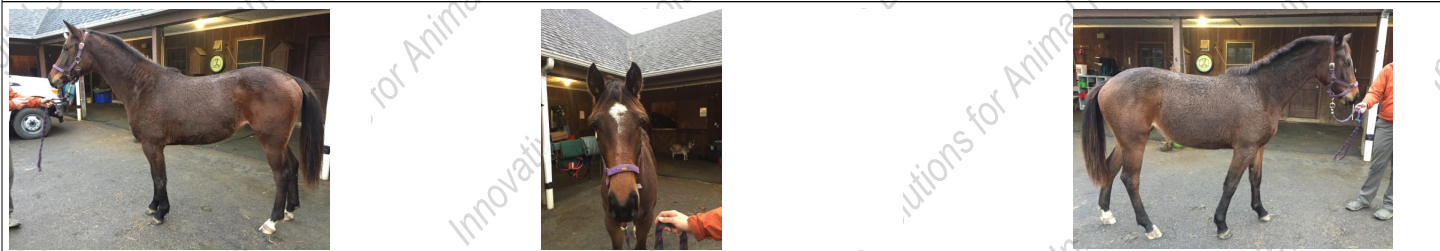
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	SIGNATURE NAME Alexis Theiss DVM	DATE BLOOD DRAWN 2016-11-30
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CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT	SIGNATURE NAME Kristen Cyron	SIGNATURE DATE 2016-11-30
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NAME OF HORSE Roxie	ID1 Registered Name: Discoteque Juliette	ID2	ID3
COLOR Bay	AGE OR DOB 2015-01-01	BREED Oldenburg	GENDER Mare

REMARKS:



NARRATIVE DESCRIPTION:

HEAD: Star	
LEFT FORELIMB:	RIGHT FORELIMB:
LEFT HINDLIMB: Pastern	RIGHT HINDLIMB: Coronet

OTHER MARKS AND BRANDS

RABIES VACCINATION					
TYPE	VACC. DATE	PRODUCT	SERIAL NUMBER	EXPIR. DATE	ADMINISTERED BY

FOR LABORATORY USE ONLY

LABORATORY	TUBE NO.	DATE RECEIVED	DATE REPORTED	TEST RESULTS

TECHNICIAN	SIGNATURE OF TECHNICIAN

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Please address any questions related to this document with your state or issuing state veterinarian's office.