GlobalVetLINK - EQUINE INFECTIOUS	ANEMIA LABORATORY	TEST	EIA-35493	43	
SERIAL NO. PA-3549343	ESSION NO.	<b>DATE SIGNED</b> 2017-03-17	Hilo.	COUNTY	18,0
Forms Without Adequate Descriptions Of The Horse and Com	plete Addresses Including Zip Codes,	and Telephone Numbers Will N	Not Be Processed.	10/10	:49,
NAME & ADDRESS OF OWNER	NAME & ADDRESS OF V			DRESS OF STABL	E/MARKET
Amanda Wilson 1362 Skyline Dr.	Yvonne E. Liddell DVM	Misty Hollow Equine Practice, PC Yvonne E. Liddell DVM 740 McQuilkin Dr Apollo, PA 15613 Phone: 724-727-7910		Amanda Wilson 1362 Skyline Dr. SALTSBURG PA 15681	
SALTSBURG PA 15681					
Phone: 724-858-9026	Phone: 724-727-7910			-858-9026	. ∨
PIN: NA / LID: NA	10/1	11/21		PIN: NA / LID: NA	
VETERINARY LICENSE OR ACCREDITATION NO. NAN: 011852	TEST TYPE	2 /	REASON FOI Annual	R TESTING	~1,Q <sub>a</sub>
CERTIFICATION OF FEDERALLY ACCREDITED VETERINA	RIAN I certify the specimen submitted	I with this form was drawn by m	e from the horse de	scribed below on the d	ay indicated below.
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIA	Ň , V	$O_{ik}$	SIGNATURE NA Yvonne E. Lidde		<b>DATE BLOOD DRAWN</b> 2017-03-15
				100	
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify	that I have examined this form and, t	o the best of my knowledge and	belief, this form is	true, correct and compl	ete.
SIGNATURE OF OWNER OR OWNER'S AGENT	,5	DIS 14/	SIGNATURE NA Amanda Wilson		SIGNATURE DATE 2017-03-17
Maji He	ijol' jiye	, 16ghr	Amanua Wilson	bi.	2017-03-17
NAME OF HORSE CATRIONA O		ID2		ID3	
COLOR	AGE OR DOB 2015-06-09	BREED Warmbloo		.20	GENDER Female
REMARKS:		)	<i>•</i>	- (A)	- CA.
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	1.110 .			41	
	//				
NARRATIVE DESCRIPTION: HEAD: STAR STRIPE	· 41×	=:(0):		^	₩.
LEFT FORELIMB:	171,	RIGHT FORELIMB:	- 1/4/	- <del> </del>	
LEFT HINDLIMB:	<u> </u>	RIGHT HINDLIMB:	70.0	-4/2	
OTHER MARKS AND BRANDS	. 103	70,	,	7/1/2	-11,00
RABIES VACCINATION					
		<b>EXPIR. DATE</b> 2017-09-24	all.	ADMINISTERED YVONNE LIDDELL,	BY DVM
TYPE VACC. DATE PRODUC Booster 2017-03-15 Imrab LA (Large			1 1		
	111 %				ST RESULTS
Booster 2017-03-15 Imrab LA (Large	TUBE NO.	DATE RECEIVED	DATE REPOR	RTED	
Booster 2017-03-15 Imrab LA (Large FOR LABORATORY USE ONLY	TUBE NO.	DATE RECEIVED	DATE REPOR	RTED TE	OiO.
Booster 2017-03-15 Imrab LA (Large FOR LABORATORY USE ONLY	TUBE NO.	DATE RECEIVED	DATE REPOR	RTED. TE	e Dio.
Booster 2017-03-15 Imrab LA (Large FOR LABORATORY USE ONLY LABORATORY	J. J. Wajing Miles	Health	DATE REPOR	TED TE	e Dio.
Booster 2017-03-15 Imrab LA (Large FOR LABORATORY USE ONLY	TUBE NO.  SIGNATURE OF TECHNICIAN	Health	DATE REPOR	RTED TE	<sup>9</sup> Oj <sub>O</sub> ,
Booster 2017-03-15 Imrab LA (Large FOR LABORATORY USE ONLY LABORATORY	J. J. Wajing Miles	Health	DATE REPOR	TE O	<sup>78</sup> D <sub>10</sub> ,
Booster 2017-03-15 Imrab LA (Large FOR LABORATORY USE ONLY  LABORATORY  TECHNICIAN  NOTICE TO DOCUMENT INSPECTORS. This official docume	SIGNATURE OF TECHNICIAN	the state of animal origin, issuir	collitors	) )	8 Dio.
Booster 2017-03-15 Imrab LA (Large FOR LABORATORY USE ONLY LABORATORY  TECHNICIAN	SIGNATURE OF TECHNICIAN	the state of animal origin, issuir	collitors	) )	18 Dig.



