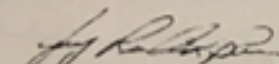


SERIAL NO. FL-3573083	LAB / ACCESSION NO. 17W-E0324-09	DATE SIGNED 2017-03-24	COUNTY BROWARD
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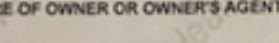
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

<b>NAME &amp; ADDRESS OF OWNER</b> JACKIE GEORGE 511 NE 7 ST.  POMPANO BEACH FL 33060 Phone: 954-646-3774  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> MILLPOND EQUINE CLINIC Jerry Rudnick 4201 Vinkemulder Rd. Coconut Creek, FL 33073  Phone: 954-971-7393	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> FOUR G'S EQUESTRIAN CENTER 4280 NW 71ST STREET  COCONUT CREEK FL 33073 Phone: 954-646-3774  PIN: NA / LID: NA
<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: Fed Accred 061326	<b>TEST TYPE</b> AGID	<b>REASON FOR TESTING</b> 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.

<b>SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</b>  Jerry Rudnick 2017-03-24 9:29 AM -08:00	<b>SIGNATURE NAME</b> Jerry Rudnick	<b>DATE BLOOD DRAWN</b> 2017-03-14
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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.

<b>SIGNATURE OF OWNER OR OWNER'S AGENT</b> 	<b>SIGNATURE NAME</b> JACKIE GEORGE	<b>SIGNATURE DATE</b> 2017-03-24
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<b>NAME OF HORSE</b> FARRAH	<b>ID1</b>	<b>ID2</b>	<b>ID3</b>
<b>COLOR</b> Bay	<b>AGE OR DOB</b> 2006-01-01	<b>BREED</b> Pony	<b>GENDER</b> Female

REMARKS:



NARRATIVE DESCRIPTION:

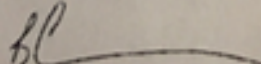
HEAD: WHITE STAR

LEFT FORELIMB: NO MARKINGS	RIGHT FORELIMB: NO MARKINGS
LEFT HINDLIMB: NO MARKING	RIGHT HINDLIMB: NO MARKINGS

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
C'n Track Laboratories 7563 State Road 7 Building 24 Lake Worth FL 33449	101085068-0	2017-03-24	2017-03-27	Negative

<b>TECHNICIAN</b> Brett Carter	<b>SIGNATURE OF TECHNICIAN</b>  Brett Carter 2017-03-27 6:29 AM -08:00
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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. Please address any questions related to this document with your state or issuing state veterinarian's office.