This Equine Infectious Anemia (EIA) test was processed  GlobalVetLINK - EQUINE INFECTION			contains all data fields as fo	und on federal form VS 10-11
	B / ACCESSION NO.	DATE SIGNED		DUNTY
VA-3523669	B / ACCESSION NO.	2017-03-08		JUNIT AND
Forms Without Adequate Descriptions Of The Horse at	nd Complete Addresses Including Zip	Codes, and Telephone Numbers W	Vill Not Be Processed.	100
NAME & ADDRESS OF OWNER	NAME & ADDRESS	OF VETERINARIAN	NAME & ADDR	ESS OF STABLE/MARKET
Melissa Clegg 13109 Fox Shadow Lane	Haymarket Veterinal Jessica M. Williamson		Melissa Clegg's	
13109 FOX SHAGOW Lane		5513 Catharpin Road		
Clifton VA 20124 Phone: (703) 475-6955	Gainesville, VA 2018	55	Clifton VA 2012 Phone: (703) 81	
1 Holle. (700) 470-0900	Phone: 703-754-330	9		
PIN: NA / LID: NA	10/1/01	<i></i>	PIN: NA / LID: N	
VETERINARY LICENSE OR ACCREDITATION NO. NAN: 012287	TEST TYPE		REASON FOR TE	STING
CERTIFICATION OF FEDERALLY ACCREDITED VET	 ΓERINARIAN I certify the specimen su	bmitted with this form was drawn b	by me from the horse describ	ed below on the day indicated b
SIGNATURE OF FEDERALLY ACCREDITED VETER		10/1	SIGNATURE NAME Jessica M. Williamson	DATE BLO
Willes -	Jessica M. Williamso	n DVM	Jessica M. Williamsol	n DVM 2017-03-08
Charles E	2017-03-08 4:54 PM	-08:00	1010	16:8/11.
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	5	0113	SIGNATURE NAME	SIGNATUR
19/11	;iO <sup>I</sup> I3	in S	Melissa Clegg	2017-03-0
NAME OF HORSE ID1	1	ID2	IE	)3
	arn Name: Dio			
COLOR	AGE OR DOB		EED	GENDER
Bay	2011-05-24	Olden	nburg	Gelding
REMARKS:	(4)	/V	. , , , ,	. ,,,,,
777				
			VUII,	
			(V/L)	
			iio <sup>ilo</sup>	
	· 60°			
NARRATIVE DESCRIPTION:				
HEAD: Star	·	2101	. 27. 2	. 🗸
LEFT FORELIMB: 1/2 cannon with Ermine	177	RIGHT FORELIMB: Fe	etlock	0.1
LEFT HINDLIMB: Fetlock with Ermine	· · · · · · · · · · · · · · · · · · ·	RIGHT HINDLIMB: Fet	lock with Ermine	-4/
OTHER MARKS AND BRANDS	: 1/13	200	2	7/1/1
	24.07		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4.0
RABIES VACCINATION				
TYPE VACC. DATE PE	RODUCT SERIAL NU	IMBER EXPIR. DATE	. All	ADMINISTERED BY
THE ACT VACOLDAIL OF TH	1.00	-01	1.7:	
- 1				(), ====================================
FOR LABORATORY USE ONLY	TURE NO	DATE DECEMEN	DATE DEDODTED	
- 1	TUBE NO.	DATE RECEIVED	DATE REPORTED	TEST RESULTS
FOR LABORATORY USE ONLY	TUBE NO.	DATE RECEIVED	DATE REPORTED	iest resolus
FOR LABORATORY USE ONLY	TUBE NO.	DATE RECEIVED	DATE REPORTED	TEST RESULTS





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