

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-3113850**

<b>SERIAL NO.</b> VA-3113850	<b>LAB / ACCESSION NO.</b>	<b>DATE SIGNED</b> 2016-05-13	<b>COUNTY</b> Culpeper
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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> Pamela Deslauriers/Twin Oaks Farm 8089 Olympic Way  Culpeper VA 22701 Phone: 540-547-3566  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> Rose Hill Veterinary Practice, PC Thomas B. Massie, DVM P.O. Box 248 Washington, VA 22747  Phone: 540-987-1200	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> Pamela Deslauriers/Twin Oaks Farm 8089 Olympic Way  Culpeper VA 22701 Phone: 540-547-3566  PIN: NA / LID: NA
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<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: Fed. Accr. 16676	<b>TEST TYPE</b>	<b>REASON FOR TESTING</b> 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.

<b>SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</b>	<b>SIGNATURE NAME</b> Thomas B. Massie, DVM	<b>DATE BLOOD DRAWN</b> 2016-05-05
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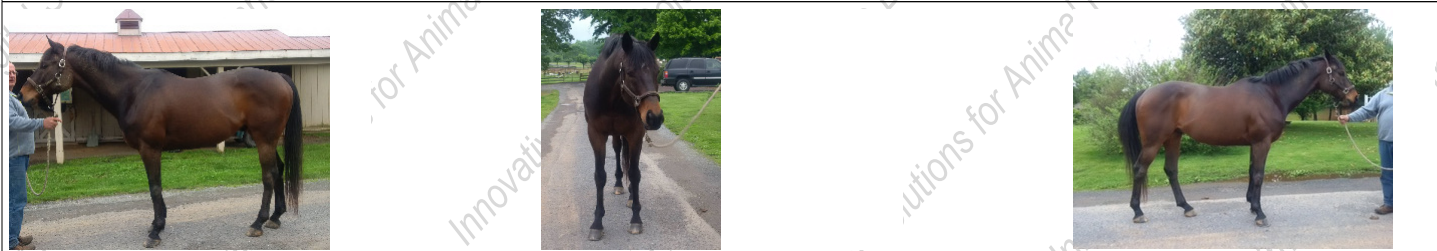
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

<b>SIGNATURE OF OWNER OR OWNER'S AGENT</b>	<b>SIGNATURE NAME</b> Pamela Deslauriers/Twin Oaks Farm	<b>SIGNATURE DATE</b> 2016-05-13
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<b>NAME OF HORSE</b> Smashing	<b>ID1</b> Barn Name: Max	<b>ID2</b>	<b>ID3</b>
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<b>COLOR</b> Bay	<b>AGE OR DOB</b> 10 years old	<b>BREED</b> Thoroughbred Horse	<b>GENDER</b> Neutered/Castrated Male
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**REMARKS:**



**NARRATIVE DESCRIPTION:**

<b>HEAD:</b> Faded White Star	
<b>LEFT FORELIMB:</b> None	<b>RIGHT FORELIMB:</b> None
<b>LEFT HINDLIMB:</b> None	<b>RIGHT HINDLIMB:</b> None
<b>OTHER MARKS AND BRANDS</b>	

**RABIES VACCINATION**

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

**FOR LABORATORY USE ONLY**

<b>LABORATORY</b>	<b>TUBE NO.</b>	<b>DATE RECEIVED</b>	<b>DATE REPORTED</b>	<b>TEST RESULTS</b>

<b>TECHNICIAN</b>	<b>SIGNATURE OF TECHNICIAN</b>

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.