

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-3585058**

SERIAL NO. VA-3585058	LAB / ACCESSION NO.	DATE SIGNED 2017-03-28	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 DENYSE & TERRY MOORE 1419 NASH LN. AUTUMN WOOD FARM GLEN ALLEN VA 23059 Phone: 8047986424 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN Virginia Equine PLLC Emily Olson 1994 Shallow Well Rd. Manakin-Sabot, VA 23103 Phone: 804-784-5419	NAME & ADDRESS OF STABLE/MARKET DENYSE & TERRY MOORE 1419 NASH LN. AUTUMN WOOD FARM GLEN ALLEN VA 23059 Phone: 8047986424 PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN: 33239	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  Emily Olson 2017-03-28 1:03 PM -08:00	SIGNATURE NAME Emily Olson	DATE BLOOD DRAWN 2017-03-28
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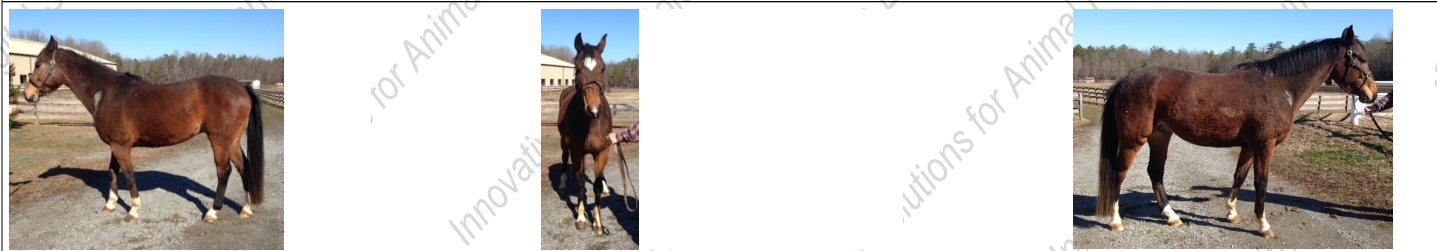
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT	SIGNATURE NAME DENYSE & TERRY MOORE	SIGNATURE DATE 2017-03-28
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NAME OF HORSE PICTURE PERFECT	ID1 BARN NAME: CASEY	ID2 Microchip: 981020019592173	ID3
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COLOR Bay	AGE OR DOB 2009-01-01	BREED Hanoverian horse	GENDER Neutered/Castrated Male
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REMARKS:



NARRATIVE DESCRIPTION:

HEAD: STAR, SNIP	
LEFT FORELIMB: SOCK	RIGHT FORELIMB: SOCK
LEFT HINDLIMB: SOCK	RIGHT HINDLIMB: FETLOCK
OTHER MARKS AND BRANDS HANOVERIAN BRAND ON LEFT HIP	

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  Mysti Short 2017-03-30 11:21 AM -08:00
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