

TECHNICIAN

LABORATORY



LquusL	_11 \1\	·	EIA-120/023/		Globalvellink	
GlobalVetLINK - EQUINE IN	FECTIOUS ANEMIA LABORA	TORY TEST		EIA-	12676237	
This Equine Infectious Anemia			—GlobalVetLINK's eEIA test form contain ses Including Zip Codes, and Telephone		ederal form VS 10-11. Forms Without Adequate ed.	
SERIAL NUMBER EIA-12676237	DATE SIGNED 2017-07-27	LAB/ACCESSION I	JUMBER COUNTY		Man leithe	
NAME & ADDRESS OF OWNER Raliegh Minor 4634 Catterton Rd Free Union, VA 22940 Phone: 434-531-4356 PIN/LID: /		Brooks Vardell 201 Taylor Avenue Gordonsville, VA 22	11.1		NAME & ADDRESS OF STABLE/MARKET Yule Farm 2676 Garth Rd Charlottesville, VA 22901 Phone: 434-531-4356 PIN/LID:/	
VETERINARY LICENSE OR ACCREDITATION NO. 0301204675 - VA / 080291		TEST TYPE	TEST TYPE REASON FO Annual		TING	
CERTIFICATION OF FEDERAL	LY ACCREDITED VETERINARIA	N I certify the specimen subn	nitted with this form was drawn by me fror	m the horse described below o	n the day indicated below.	
SIGNATURE OF FEDERAL	LY ACCREDITED VETERINAL	RIAN	SIGNATURE NAME Brooks Vardell DVM		E BLOOD DRAWN 7-07-26	
CERTIFICATION OF OWNER O	OR OWNER'S AGENT I certify that	t I have examined this form a	nd, to the best of my knowledge and belie	ef, this form is true, correct and	I complete	
SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NAME Raliegh Minor		NATURE DATE 7-07-27	
<u></u>	· Lyk	1	the state of the s		1/2.	
NAME OF HORSE Donovan Cowles	ID1		ID2	ID3		
COLOR Bay	AGE OR DO 2013-04-01	OB (I)	BREED Thoroughbred	GEN Geld	IDER ling	
NARRATIVE DESCRIPTION	1:	7-		9	6	
HEAD: MWAEL			OTHER MARKS AND BRANDS: /			
LEFT FORELIMB: Pastern			RIGHT FORELIMB: Coronet			
LEFT HINDLIMB: Fetlock	-1/-		RIGHT HINDLIMB: Fetlock		, L	
RABIES VACCINATION						
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY	

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.

SIGNATURE OF TECHNICIAN

DATE RECEIVED

DATE REPORTED

TEST RESULTS

TUBE NUMBER 101266673-0