




| GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST | | | | EIA-12676210 | |
|---|---------------------------|--|---------------------------|---|-----------------|
| 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. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed. | | | | | |
| SERIAL NUMBER EIA-12676210 | DATE SIGNED 2017-07-27 | LAB/ACCESSION NUMBER | COUNTY | | |
| NAME & ADDRESS OF OWNER Raleigh Minor 4634 Catterton Rd Free Union, VA 22940 Phone: 434-531-4356 PIN/LID: / | | NAME & ADDRESS OF VETERINARIAN Brooks Vardell 201 Taylor Avenue Gordonsville, VA 22942 Phone: 540-832-3030 | | 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 | | REASON FOR TESTING 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. | | | | | |
| SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN | | SIGNATURE NAME Brooks Vardell DVM | | DATE BLOOD DRAWN 2017-07-26 | |
| 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 Raleigh Minor | | SIGNATURE DATE 2017-07-27 | |
| NAME OF HORSE Stormy | ID1 | ID2 | ID3 | | |
| COLOR Bay | AGE OR DOB 2015-04-01 | BREED Thoroughbred | GENDER Gelding | | |
|  | |  | |  | |
| NARRATIVE DESCRIPTION: | | | | | |
| HEAD: MWAEL, Star, Snip | | | OTHER MARKS AND BRANDS: / | | |
| LEFT FORELIMB: Partial Coronet | | | RIGHT FORELIMB: Coronet | | |
| LEFT HINDLIMB: Pastern | | | RIGHT HINDLIMB: | | |
| RABIES VACCINATION | | | | | |
| TYPE | VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY |
| FOR LABORATORY USE ONLY | | | | | |
| TECHNICIAN | | TUBE NUMBER 101266663-0 | DATE RECEIVED | DATE REPORTED | TEST RESULTS |
| LABORATORY | | SIGNATURE OF TECHNICIAN | | | |

NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com
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