C EquusLINK

EIA-12676210

GlobalVetLINK

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B01264675 - VA / 080231 Annual CERTUFICATION OF FEDERALLY ACCREDITED VETERINARIAN Learlity the goodname automitied with this form was drawn by me from the horse described balaxe on the day indicated below. DATE BLOOD DRAWN SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN SIGNATURE NAME DATE BLOOD DRAWN CERTUFICATION OF OWNER OR OWNER'S AGENT 1 cently that I have examined the form and, to the best of my knowledge and belot, the form is tous, correct and complete SIGNATURE OR OWNER'S AGENT 1 cently that I have examined the form and, to the best of my knowledge and belot, the form is tous, correct and complete SIGNATURE OF OWNER'S AGENT 1 cently that I have examined the form and, to the best of my knowledge and belot, the form is tous, correct and complete SIGNATURE DATE SIGNATURE OF OWNER'S AGENT 1 cently that I have examined the form and, to the best of my knowledge and belot, the form is tous, correct and complete SIGNATURE DATE SIGNATURE OF OWNER'S AGENT 1 cently that I have examined the form and, to the best of my knowledge and belot, the form is tous, correct and complete SIGNATURE DATE SIGNATURE OF OWNER'S AGENT 1 cently that I have examined the form and, to the best of my knowledge and belot, the form is tous, correct and complete SIGNATURE DATE SIGNATURE OF OWNER'S AGENT 1 AGE OR DOB BREED GENDER GENDER COLOR AGE OR DOB SIGNATURE DATE GENDER GENDER COLOR AGE OR DOB <	Raliegh Minor 4634 Catterton Rd Free Union, VA 22940 Phone: 434-531-4356 PIN/LID: /		201 Taylor Avenue Gordonsville, VA 22942		2676 Garth Rd Charlottesville, VA 22901 Phone: 434-531-4356			
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN Brook Vardell DVM DATE BLOOD DRAWN 207-07-28 COLOR OF OWNER'S AGENT Loartily that I have examined this form and, to the best of my knowledge and befet, this form is true, correct and complete SIGNATURE OF OWNER'S AGENT Loartily that I have examined this form and, to the best of my knowledge and befet, this form is true, correct and complete SIGNATURE OF OWNER'S AGENT Loartily that I have examined this form and, to the best of my knowledge and befet, this form is true, correct and complete SIGNATURE OF OWNER'S AGENT Loartily that I have examined this form and, to the best of my knowledge and befet, this form is true, correct and complete SIGNATURE OF OWNER'S AGENT Loartily that I have examined this form and, to the best of my knowledge and befet, this form is true, correct and complete SIGNATURE OF OWNER'S AGENT Loartily that I have examined this form and, to the best of my knowledge and befet, this form is true, correct and complete SIGNATURE OF OWNER'S AGENT Deartily that I have examined this form and, to the best of my knowledge and befet, this form is true, correct and complete SIGNATURE OF OWNER'S AGENT DATE SIGNATURE OF OWNER'S AGENT Loartily that I have examined this form and, to the best of my knowledge and befet, this form is true, correct and complete SIGNATURE OF OWNER'S AGENT LOARTING THE THIS SIGNATURE DATE SIGNATURE OF OWNER'S AGENT DATE SIGNATURE OF OWNER'S AGENT LOARTING THE THIS SIGNATURE OF OR LARGY THE OF OR LARGY AND BRANDS: NARREATIVE DESCRIPTION: HEAD' MYAEL, Star, Snip IEFT FORELIME: Partial Coronet EFT FOREL	VETERINARY LICENSE OF 0301204675 - VA / 080291	ACCREDITATION NO.	TEST TYPE	TEST TYPE				
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Railegh Minor2017-07-27NAME OF HORSE StormyID1ID2ID3NAME OF HORSE StormyAGE OR DOB 2015-04-01BREED ThoroughbredID3GENDER GeldingAGE OR POB 2015-04-01BREED ThoroughbredGENDER GeldingImage: Storm Store Storm Store Storm Store Storm Store Storm Store Sto	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							
Stormy AGE OR DOB BREED Thoroughbred GENDER Gelding COLOR AGE OR DOB 2015-04-01 BREED Thoroughbred GENDER Gelding Image: Color of the state	SIGNATURE OF OWNER O	DR OWNER'S AGENT						
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Please address any questions related to this document with your state or issuing state veterinarian's office.