



GlobalVetLINK - EQI	JINE INFECTIOUS AN	IEMIA LABORATOF	RY TEST		EIA-12676215			
	s Anemia (EIA) test was p	rocessed by an NVSL	Accredited Laboratory —	GlobalVetLINK's eEIA test form conta es Including Zip Codes, and Telephon		nd on federal form VS	6 10-11. Forms Without Adequate	
SERIAL NUMBER EIA-12676215	DATE SIGNE 2017-07-27	DATE SIGNED 2017-07-27		LAB/ACCESSION NUMBER		Silla		
NAME & ADDRESS	OF OWNER		NAME & ADDRESS OF VETERINARIAN		NAME & ADD	NAME & ADDRESS OF STABLE/MARKET		
Raliegh Minor 4634 Catterton Rd Free Union, VA 22940 Phone: 434-531-4356 PIN/LID: /			Brooks Vardell 201 Taylor Avenue Gordonsville, VA 22942 Phone: 540-832-3030		Free Union, V	4634 Catterton Rd Free Union, VA 22940 Phone: 434-531-4356		
VETERINARY LICENSE OR ACCREDITATION NO. 0301204675 - VA / 080291					REASON FOR Annual	REASON FOR TESTING Annual		
CERTIFICATION OF FI	EDERALLY ACCREDITE	D VETERINARIAN I co	ertify the specimen submi	itted with this form was drawn by me fr	om the horse described I	below on the day indi	cated below.	
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN			270	SIGNATURE NAME Brooks Vardell DVM		DATE BLOOD DRAWN 2017-07-26		
(C),		CN CN	GN.		C.F.	
CERTIFICATION OF O	WNER OR OWNER'S AC	SENT I certify that I have	ve examined this form an	d, to the best of my knowledge and be	lief, this form is true, corr	rect and complete		
SIGNATURE OF OWNER OR OWNER'S AGENT				SIGNATURE NAME Raliegh Minor		SIGNATURE DATE 2017-07-27		
4	"CAL		1	, est		1		
NAME OF HORSE Stormy Heroine 2016 Colt ID1 Barn Name: Coo			pper	ID2		ID3		
COLOR Bay	AGE OR DOB 2016-03-01		<i>\$</i> 1,000	BREED Thoroughbred		GENDER Male	²⁷ 02 ₉ ,	
				Cloudyouthat			Seal of the seal o	
NARRATIVE DESCR	RIPTION:			<u> </u>	<u> </u>			
HEAD: MW@EL, Star				OTHER MARKS AND BRANDS: /				
LEFT FORELIMB: Fetlock w/Ermines				RIGHT FORELIMB: Fetlock w/Ermines				
LEFT HINDLIMB: Partial Coronet				RIGHT HINDLIMB: Pastern w/Ermines				
RABIES VACCINATI	1120			4 E/C*			6.524°	
TYPE	VACCINATIO	N DATE	PRODUCT	SERIAL NUMBER	EXPIRATION	DATE	ADMINISTERED BY	
TECHNICIAN	USE ONLY	Clo.	TUBE NUMBER 101266642-1	DATE RECEIVED	DATE REPOF	RTED	TEST RESULTS	
LABORATORY			SIGNATURE OF TE	GNATURE OF TECHNICIAN				
			J.					

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.