

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-3397495**

<b>SERIAL NO.</b> VA-3397495	<b>LAB / ACCESSION NO.</b>	<b>DATE SIGNED</b> 2017-01-02	<b>COUNTY</b> CUMBERLAND
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

<b>NAME &amp; ADDRESS OF OWNER</b> COURTNEY BABER 246 MEADOR RD.  CUMBERLAND VA 23040 Phone: 8044924332  PIN: NA / LID: NA	<b>NAME &amp; ADDRESS OF VETERINARIAN</b> Virginia Equine PLLC Lindsay Neist DVM 1994 Shallow Well Rd Manakin-Sabot , VA 23103  Phone: 804-784-5419	<b>NAME &amp; ADDRESS OF STABLE/MARKET</b> DOUBLE TREE FARM 246 MEADOR RD  CUMBERLAND VA 23040 Phone: 804-241-3377  PIN: NA / LID: NA
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<b>VETERINARY LICENSE OR ACCREDITATION NO.</b> NAN: 011444	<b>TEST TYPE</b>	<b>REASON FOR TESTING</b> 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.

<b>SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</b>	<b>SIGNATURE NAME</b> Lindsay Neist DVM	<b>DATE BLOOD DRAWN</b> 2017-01-02
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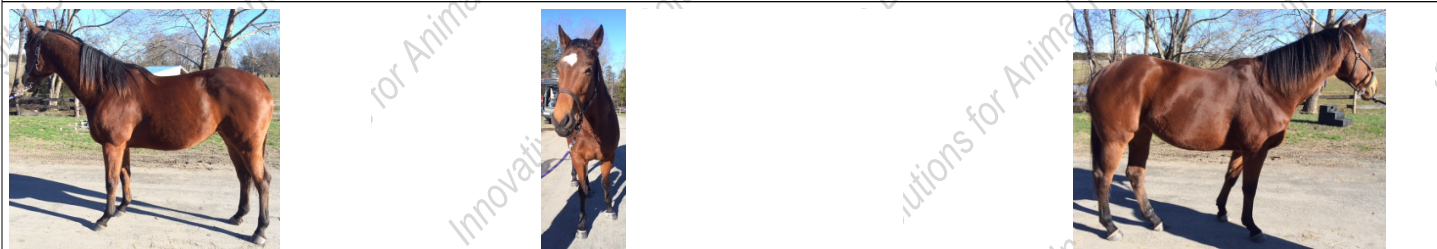
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

<b>SIGNATURE OF OWNER OR OWNER'S AGENT</b>	<b>SIGNATURE NAME</b> COURTNEY BABER	<b>SIGNATURE DATE</b> 2017-01-02
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<b>NAME OF HORSE</b> MORADA'S CHOICE	<b>ID1</b> BARN NAME: MORADA	<b>ID2</b>	<b>ID3</b>
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<b>COLOR</b> Bay	<b>AGE OR DOB</b> 2007-07-01	<b>BREED</b> Thoroughbred	<b>GENDER</b> Mare
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**REMARKS:**



**NARRATIVE DESCRIPTION:**

<b>HEAD:</b> STAR	
<b>LEFT FORELIMB:</b>	<b>RIGHT FORELIMB:</b>
<b>LEFT HINDLIMB:</b>	<b>RIGHT HINDLIMB:</b>
<b>OTHER MARKS AND BRANDS</b>	

**RABIES VACCINATION**

TYPE	VACC. DATE	PRODUCT	SERIAL NUMBER	EXPIR. DATE	ADMINISTERED BY
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**FOR LABORATORY USE ONLY**

<b>LABORATORY</b>	<b>TUBE NO.</b>	<b>DATE RECEIVED</b>	<b>DATE REPORTED</b>	<b>TEST RESULTS</b>
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<b>TECHNICIAN</b>	<b>SIGNATURE OF TECHNICIAN</b>
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Please address any questions related to this document with your state or issuing state veterinarian's office.