

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-3752086**

SERIAL NO. FL-3752086	LAB / ACCESSION NO. ORCH00045568	DATE SIGNED 2017-05-25	COUNTY
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

NAME & ADDRESS OF OWNER Ami Shashoua 11900 Biscayne Blvd. Suite 300 Miami FL 33181 Phone: 9545585949 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN Equine Internal Medicine Consulting, PLLC Natalie Carrillo DVM 14771 Southwest 26th Street Davie, FL 33325 Phone: 703-678-8879	NAME & ADDRESS OF STABLE/MARKET La Cuadra 17450 sw 51 st SOUTHWEST RANCHES FL 33331 Phone: 9546585313 PIN: NA / LID: NA
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VETERINARY LICENSE OR ACCREDITATION NO. NAN: Fed Accred # 064610	TEST TYPE AGID	REASON FOR TESTING 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.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Natalie Carrillo DVM 2017-05-25 9:50 AM -07:00	SIGNATURE NAME Natalie Carrillo DVM	DATE BLOOD DRAWN 2017-05-24
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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.

SIGNATURE OF OWNER OR OWNER'S AGENT	SIGNATURE NAME Ami Shashoua	SIGNATURE DATE 2017-05-25
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NAME OF HORSE Animo	ID1 ["Barn Name"]: Hanz	ID2	ID3
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COLOR Bay	AGE OR DOB 2001-05-06	BREED Warmblood	GENDER Gelding
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REMARKS:



NARRATIVE DESCRIPTION:

HEAD: Whorl, Star	
LEFT FORELIMB: Coronet	RIGHT FORELIMB:
LEFT HINDLIMB: Pastern	RIGHT HINDLIMB: Coronet
OTHER MARKS AND BRANDS	

RABIES VACCINATION

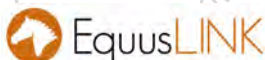
TYPE	VACC. DATE	PRODUCT	SERIAL NUMBER	EXPIR. DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY

LABORATORY Antech Diagnostics, Inc. - Orlando 7415 Emerald Dunes Dr. Suite 1500 Orlando FL 32822	TUBE NO. 100425278-5	DATE RECEIVED 2017-05-25	DATE REPORTED 2017-05-27	TEST RESULTS Negative
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TECHNICIAN Eric Lovvorn	SIGNATURE OF TECHNICIAN  Eric Lovvorn 2017-05-27 5:25 AM -07:00
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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.



EIA-3752086



Certified Copy - To view the original with eSignatures, see the electronic version.