

This Equine Infectious Anemia (EIA) test was processed by an NWSL Accredited Laboratory — GlobalVet, INC's eEIA test form contains all data fields as found on federal form VS-10-11

GlobalVet, INC - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-3791011

SERIAL NO. GA-3791011 LAB / ACCESSION NO. 17W-E0619-32 DATE SIGNED 2017-06-16 COUNTY

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

| | | |
|---|---|---|
| NAME & ADDRESS OF OWNER Amber Hill farm 8402 Highway 254 Cleveland GA 30528 Phone: 706-969-8473 PIN, NA / LID: NA | NAME & ADDRESS OF VETERINARIAN Gamboa Veterinary Services Juan C. Gamboa DVM 475 Gamboa Place Aiken, SC 29803 Phone: 803-602-1049 | NAME & ADDRESS OF STABLE/MARKET Amber Hill farm 8402 Highway 254 Cleveland GA 30528 Phone: 706-969-8473 PIN, NA / LID: NA |
|---|---|---|

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|--|--------------------------|-------------------------------------|
| VETERINARY LICENSE OR ACCREDITATION NO. NAN, Fed Accred # 022787 | TEST TYPE AGID | 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.

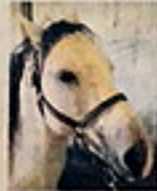
| | | |
|--|---|---------------------------------------|
| SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>JC Gamboa DVM</i> Juan C. Gamboa DVM 2017-06-16 6:38 PM -07:00 | SIGNATURE NAME Juan C. Gamboa DVM | DATE BLOOD DRAWN 2017-06-01 |
|--|---|---------------------------------------|

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 Amber Hill farm | SIGNATURE DATE 2017-06-16 |
|--|--|-------------------------------------|

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|------------------------------|---|----------------------|--|
| NAME OF HORSE Blue | ID1 Registered Name: Hawkeye Blue | ID2 | ID3 |
| COLOR Gray | AGE OR DOB 2002-01-01 | BREED Wash | GENDER Neutered/Castrated Male |

REMARKS:



NARRATIVE DESCRIPTION:

HEAD: Snp
LEFT FORELIMB: Sock
LEFT HINDLIMB: Sock
RIGHT FORELIMB: Coronet
RIGHT HINDLIMB: Sock
OTHER MARKS AND BRANDS

EQUINE VACCINATION

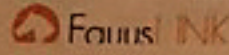
| TYPE | VACC. DATE | PRODUCT | SERIAL NUMBER | EXPIR. DATE | ADMINISTERED BY |
|------|------------|---------|---------------|-------------|-----------------|
| | | | | | |

FOR LABORATORY USE ONLY

| | | | | |
|---|--------------------------------|------------------------------------|------------------------------------|---------------------------------|
| LABORATORY On Track Laboratories 7563 State Road 7 Building 24 Lake Worth FL 33449 | TUBE NO. 101202669-0 | DATE RECEIVED 2017-06-19 | DATE REPORTED 2017-06-21 | TEST RESULTS Negative |
|---|--------------------------------|------------------------------------|------------------------------------|---------------------------------|

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|-----------------------------------|--|
| TECHNICIAN Brett Carter | SIGNATURE OF TECHNICIAN <i>Brett Carter</i> Brett Carter 2017-06-21 9:03 AM -07:00 |
|-----------------------------------|--|

NOTICE TO DOCUMENT INSPECTORS: This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVet, INC. Please address any questions related to this document with your state or issuing state veterinarian's office.



EIA-3791011

