

The Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory—GlobalVet INK's of IA test form contains all data fields as found on federal form VS 10-11

GlobalVet INK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-3790894

SERIAL NO. GA.3790894 LAB / ACCESSION NO. 17W-03619-48 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
6402 Highway 254
Cleveland GA 30528
Phone: 706-969-8473
PIN: NA / LID: NA

NAME & ADDRESS OF VETERINARIAN
Gambos Veterinary Services
Juan C. Gambos DVM
475 Gambos Place
Aiken, SC 29803
Phone: 803-602-1049

NAME & ADDRESS OF STABLE/MARKET
Amber Hill farm
6402 Highway 254
Cleveland GA 30528
Phone: 706-969-8473
PIN: NA / LID: NA

VETERINARY LICENSE OR ACCREDITATION NO. NAN Fed Accred # 022787 TEST TYPE AGD 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

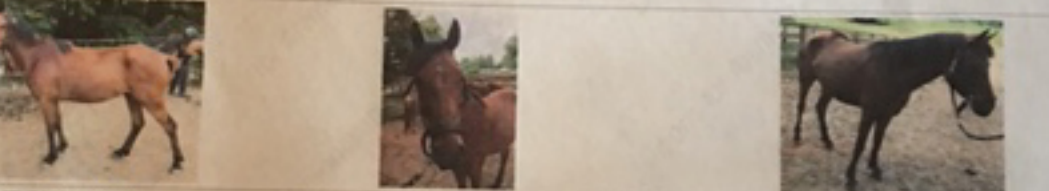
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN *JC Gambos* Juan C. Gambos DVM SIGNATURE NAME Juan C. Gambos DVM DATE BLOOD DRAWN 2017-06-01

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

NAME OF HORSE Austin **ID1** Registered Name: Amber Hill's Beautiful **ID2** **ID3**

COLOR Bay **AGE OR DOB** 2013-01-01 **BREED** Warm **GENDER** Neutered/Castrated Male



NARRATIVE DESCRIPTION:
HEAD: Small star
LEFT FORELIMB: NI RIGHT FORELIMB: NI
LEFT HINDLIMB: NI RIGHT HINDLIMB: NI
OTHER MARKS AND BRANDS

RECORD VACCINATION

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

LABORATORY On Track Laboratories 7563 State Road 7 Building 24 Lake Worth FL 33449 TUBE NO. 101202609-0 DATE RECEIVED 2017-06-19 DATE REPORTED 2017-06-21 TEST RESULTS Negative

TECHNICIAN Brett Carter SIGNATURE OF TECHNICIAN *Brett Carter* Brett Carter 2017-06-21 9:02 AM -07:00

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