

DATE SIGNED: 2017-06-26
 COUNTY: _____



ADDRESS OF OWNER: _____
 NAME & ADDRESS OF VETERINARIAN: Uinta Veterinary Hospital, Ben Osborne DVM, 38028 Business Loop I-80, PO 76, Fort Bridger, WY 82933, Phone: 307-782-6566
 NAME & ADDRESS OF STABLE/MARKET: Liz Lowe, 430 Rees Rd, Lyman WY 82937, Phone: 3077804750
 PIN: NA / LID: NA
 REASON FOR TESTING: Annual

TEST TYPE: ELISA
 I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.

SIGNATURE NAME: Ben Osborne DVM
 DATE BLOOD DRAWN: 2017-06-26

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 NAME: Liz Lowe
 SIGNATURE DATE: 2017-06-26

HORSE	ID1	ID2	ID3
COLOR: Bay	AGE OR DOB: 2016-06-28	BREED: Quarter Horse	GENDER: Female
			

DESCRIPTION: _____
 RIGHT FORELIMB: coronet
 RIGHT HINDLIMB: _____

AND BRANDS: _____

VACC. DATE	PRODUCT	SERIAL NUMBER	EXPIR. DATE	ADMINISTERED BY
VETERINARY LABORATORY USE ONLY				
	TUBE NO. 101231210-0	DATE RECEIVED 2017-06-29	DATE REPORTED 2017-06-29	TEST RESULTS Negative
SIGNATURE OF TECHNICIAN			Rebecca A. Wills	
			2017-06-29 11:31 AM -07:00	

This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com.

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