





GlobalVetLINK - EQUIN	NE INFECTIOUS ANEMIA LABORATO	DRY TEST	EIA-12891603	
This Equine Infectious A		L Accredited Laboratory —GlobalVetLINK's eEIA test form contains and Complete Addresses Including Zip Codes, and Telephone	ins all data fields as found on federal form VS 10-11. Forms Without Adequate Numbers Will Not Be Processed.	
SERIAL NUMBER DATE SIGNED 2017-10-25		LAB/ACCESSION NUMBER	COUNTY	
NAME & ADDRESS OF OWNER		NAME & ADDRESS OF VETERINARIAN	NAME & ADDRESS OF STABLE/MARKET	
Sarah Randolph		Ryan Rothenbuhler	Sarah Randolph	
4850 W. 275 N.		2249 S. 500 E	4850 W. 275 N.	
Columbia City, IN 46725		Columbia City, IN 46725	Columbia City, IN 46725	
Phone: (260) 327-3820		Phone: 877-499-9909	Phone: (260) 327-3820	
PIN/LID:/			PIN/LID:/	
VETERINARY LICENSE OR ACCREDITATION NO. 24006076 - IN / Fed Accred # 037814		TEST TYPE	REASON FOR TESTING	
		1	Annual	
CERTIFICATION OF FED	ERALLY ACCREDITED VETERINARIAN I	certify the specimen submitted with this form was drawn by me fro	om the horse described below on the day indicated below.	
	10	- 10°		

ı	SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	SIGNATURE NAME	DATE BLOOD DRAWN
	7.0y	Ryan Rothenbuhler DVM	2017-10-25

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	SIGNATURE DATE
	Sarah Randolph	2017-10-25

NAME OF HORSE	ID1	ID2	ID3
Wings Of A Dove	Microchip: 933000120103256	Registration Number: 036364617	
COLOR	AGE OR DOB	BREED	GENDER
Chestnut	2017-06-16	Hanoverian Horse	Female







NARRATIVE DESCRIPTION:	
HEAD: star, stripe, small snip, white on lower lip	OTHER MARKS AND BRANDS: / "H" left hip
LEFT FORELIMB: 3/4 sock	RIGHT FORELIMB: 3/4 sock
LEFT HINDLIMB: 3/4 sock	RIGHT HINDLIMB: 3/4 sock

LLI I I IIINDLIND. 3/4	SOCK	-1/-	THATTI THINDEHVIB. 3/4 SOCK	-1,	1/20
RABIES VACCINATIO					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY L	JSE ONLY				
TECHNICIAN	S)	TUBE NUMBER 101372442-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
LABORATORY		SIGNATURE OF TE	NATURE OF TECHNICIAN		
		1	1/2	1	
		1/2	IL.	1/2	1/2

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.