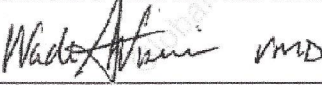
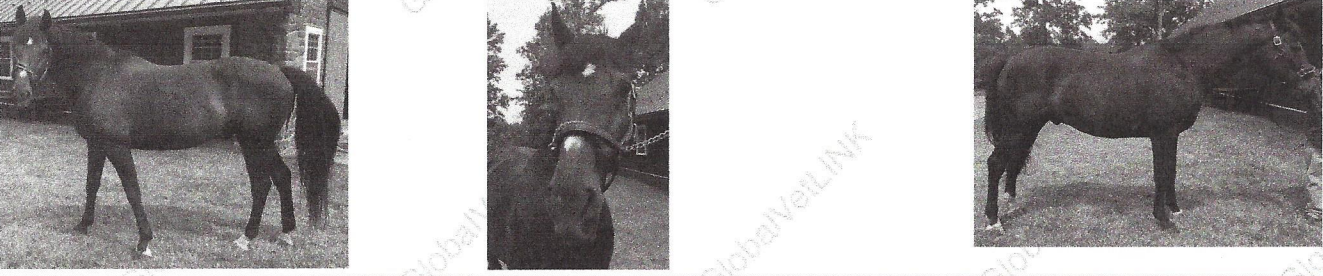



GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-12760723	
This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-12760723	DATE SIGNED 2017-09-01	LAB/ACCESSION NUMBER nych00423858	COUNTY		
NAME & ADDRESS OF OWNER Mindy Ortenzio 510 Orchard Dr. LEMOYNE, PA 17043 Phone: (717)805-0927 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Wade Wisner 6675 Glenville Rd. Glen Rock, PA 17327 Phone: 717-235-4312		NAME & ADDRESS OF STABLE/MARKET Mindy Ortenzio 1050 Highland Drive Mechanicsburg, PA 17055 Phone: 000-000-0000 PIN/LID: /	
VETERINARY LICENSE OR ACCREDITATION NO. BV007352L - PA / 006282		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  Wade A. Wisner VMD 2017-09-01 1:16 PM -07:00		SIGNATURE NAME Wade A. Wisner VMD		DATE BLOOD DRAWN 2017-09-01	
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 Mindy Ortenzio		SIGNATURE DATE 2017-09-01
NAME OF HORSE KILKELLY'S ALL'S WELL	ID1 Barn Name: OZZIE	ID2	ID3		
COLOR Bay	AGE OR DOB 2003-01-01	BREED Irish Sport Horse	GENDER Gelding		
					
NARRATIVE DESCRIPTION:					
HEAD: whorl, star, small short stripe, snip			OTHER MARKS AND BRANDS: n/m / n/m		
LEFT FORELIMB: coronet white			RIGHT FORELIMB: n/m		
LEFT HINDLIMB: pastern and part of fetlock white			RIGHT HINDLIMB: pastern and part of fetlock white		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Dwight Combs	TUBE NUMBER 101308635-0	DATE RECEIVED 2017-09-02	DATE REPORTED 2017-09-04	TEST RESULTS Negative	
LABORATORY Antech Diagnostics, Inc. - New York 1111 Marcus Avenue Lake Success, NY 11042		SIGNATURE OF TECHNICIAN  Dwight Combs 2017-09-05 7:24 AM -07:00			

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.