

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

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST **EIA-3785677**

SERIAL NO. MD-3785677	LAB / ACCESSION NO.	DATE SIGNED 2017-06-14	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 Mary Schimpf Crab Alley Farm 1691 Cox Neck Rd. Chester MD 21619 Phone: 410 604-0005 PIN: NA / LID: NA	NAME & ADDRESS OF VETERINARIAN Wolf Creek Equine Julia Miller VMD 936 Fiorenza Dr P.O. Box 497 Lothian, MD 20711 Phone: 410-741-1473	NAME & ADDRESS OF STABLE/MARKET Mary Schimpf Crab Alley Farm 1691 Cox Neck Rd. Chester MD 21619 Phone: 410 604-0005 PIN: NA / LID: NA
--	---	--

VETERINARY LICENSE OR ACCREDITATION NO. NAN: 074263	TEST TYPE	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.

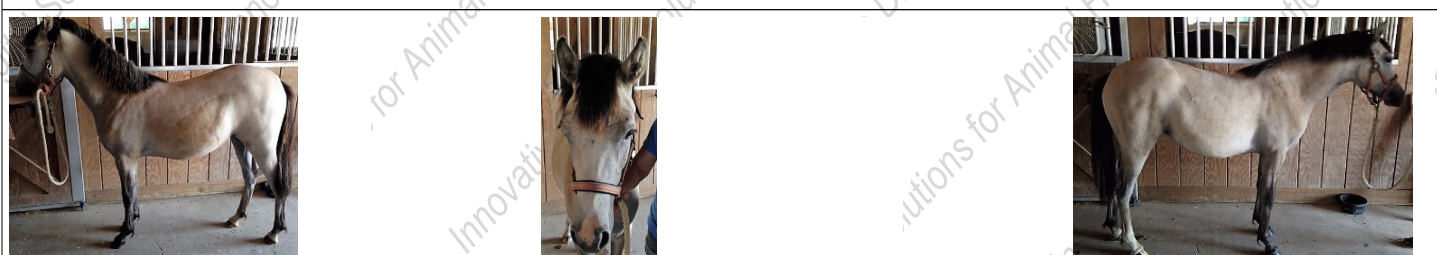
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	SIGNATURE NAME Julia Miller VMD	DATE BLOOD DRAWN 2017-06-13
---	---	---------------------------------------

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 Mary Schimpf	SIGNATURE DATE 2017-06-14
--	---------------------------------------	-------------------------------------

NAME OF HORSE Jazzy Blue's	ID1 Barn Name: Sassy	ID2	ID3
COLOR Buckskin	AGE OR DOB 2016	BREED Welsh Pony	GENDER Mare

REMARKS:



NARRATIVE DESCRIPTION:

HEAD:	
LEFT FORELIMB:	RIGHT FORELIMB:
LEFT HINDLIMB:	RIGHT HINDLIMB:
OTHER MARKS AND BRANDS No Markings	

RABIES VACCINATION

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

FOR LABORATORY USE ONLY

LABORATORY	TUBE NO.	DATE RECEIVED	DATE REPORTED	TEST RESULTS

TECHNICIAN	SIGNATURE OF TECHNICIAN

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.