## C EquusLINK

## EIA-13210103

## GlobalVetLINK

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SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN SIGNATURE OF OF EDERALLY ACCREDITED VETERINARIAN SIGNATURE OF OWNER OR OWNERDS AGENT     SIGNATURE NAME SIGNATURE ADD OF OWNERDS AGENT     DATE BLOOD DPAWN 2019-03-02       CERTFICATION OF OWNER OR OWNERDS AGENT     ISONATURE NAME Megan Coggin     SIGNATURE ADD 2019-03-02     SIGNATURE NAME SIGNATURE OF OWNER OR OWNERDS AGENT     SIGNATURE NAME Megan Coggin     SIGNATURE DATE 2019-03-02       NAME OF HORSE Lay COLOR While     ID1     ID2     ID3       OCLOR While     AGE OR DOB 2007-01-01     BREED Weish Pony     GENDER Formale       NARATIVE DESCRIPTION:     ID1     ID2     ID3       NARATIVE DESCRIPTION:     OTHER MARKS AND BRANDS: Median Whol Below Eye Level /     ILEFT FORELIME: ILEFT FORELIME: ILEFT FORELIME:     RIGHT FORELIME: RIGHT FORELIME: ILEFT HINDLIME     RIGHT HINDLIME       RALES VACCINATION TYPE     VACCINATION DATE     PRODUCT     SERIAL NUMBER     EXPIRATION DATE       RALES VACCINATION TOTHER MARKS     TOTE RECEVED 2019-03-01     DATE RECEVED 2019-03-05     TEST RESULTS Negative       ILABORATORY CODEQ VALUE CONT     TOTE RUMMER ID1518880-0     SIGNATURE OF TECHNICIAN       LABORATORY CODEQ VALUE CONT     SIGNATURE OF TECHNICIAN								
John F. Sudduth DVM     2018-03-01       CERTIFICATION OF OWNER OR OWNER'S AGENT Longity that Have oxamined this form and, to the best of my knowledge and beiled, this form is two, correct and complete     SIGNATURE OF OWNER OR OWNER'S AGENT Longity that Have oxamined this form and, to the best of my knowledge and beiled, this form is two, correct and complete       SIGNATURE OF OWNER OR OWNER'S AGENT Longity that Have oxamined this form and, to the best of my knowledge and beiled, this form is two, correct and complete     SIGNATURE OF OWNER OR OWNER'S AGENT     ID3       NAME OF HORSE     ID1     ID2     ID3       COLOR     AGE OR DOB     BREED     BREED     GENDER       While     AGE OR DOB     BREED     BREED     GENDER       NARRATIVE DESCRIPTION:     ID1+     ID1+     ID1+     ID1+       HEAD:     OTHER MARKS AND BRANDS: Median Whord Below Eye Level./       LEFT HINDLINE:     RIGHT HINDLINE:     RIGHT HINDLINE:       HEAD:     OTHER MARKS AND BRANDS: Median Whord Below Eye Level./       LEFT FINDLINE:     RIGHT HINDLINE:     ADMINISTERED EY       TYPE     VACCINATION DATE     PRODUCT     SERIAL NUMBER     EXPIRATION DATE     ADMINISTERED EY       FOR LABORATORY USE ON Y     TOS RIGHT     TOS RIGHT     TOS RIGHT     TOS RIGHT       TECHNICAM     TOS RIGHT     TOS RIGHT     DATE REPORTED     DATE REPORTED       SIGNATURE OF TECHNICIAN     TEST	CERTIFICATION OF FEDER	ALLY ACCREDITED VETERINARIA	N I certify the specimen submi	tted with this form was	s drawn by me from t	he horse described b	elow on the day i	ndicated below.
SIGNATURE OF OWNER OR OWNER'S AGENT SIGNATURE NAME Megan Coggin ID1 ID2 ID3 COLOR AGE OR DOB AGE OR DOB 207-01-01 BREED BREED Welen Pony GENDER Fenale COLOR AGE OR DOB COLOR BREED COLOR COLO	SIGNATURE OF FEDERA							
Megan Coggin     2018-03-02       NAME OF HORSE Lab COLOR     ID1     ID2     ID3       COLOR     ACE OR DO B     BREED 2007-01-01     BREED Welsh Pony     GENDER Female       Image: Coggin Color Col	CERTIFICATION OF OWNER	OR OWNER'S AGENT I certify that	I have examined this form and	d, to the best of my kn	owledge and belief,	this form is true, corre	ect and complete	
Izzy       AGE OR DOB       BREED       GENDER         COLOR       AGE OR DOB       BREED ony       GENDER         Wihle       207-01-01       BREED ony       GENDER         Female       Female       Female       Female         Image: Strate of the	SIGNATURE OF OWNER							
Izzy     COLOR     AGE OR DOB     BREED Welsh Pony     GENDER Female       White     207-01-01     BREED Welsh Pony     GENDER Female       Image: Color of the state o	1-	the	×		H		J-	the second se
White     2007-01-01     Welsh Pony     Female       Image: Im		ID1		ID2			ID3	
HEAD: OTHER MARKS AND BRANDS: Median Whorl Below Eye Level / LEFT FORELIMB: RIGHT FORELIMB: LEFT HINDLIMB: RIGHT HINDLIMB: RABIES VACCINATION TYPE VACCINATION DATE PRODUCT SERIAL NUMBER EXPIRATION DATE ADMINISTERED BY FOR LABORATORY USE ONLY TECHNICIAN Edward Murray DVM TUBE NUMBER 101518860-0 DATE RECEIVED 2018-03-05 TEST REMARKS LABORATORY Coosa Valley Equine Center Lab 1330 Mineral Springs Rd OTHER MARKS AND BRANDS: Median Whorl Below Eye Level / LABORATORY	COLOR White		B	BREED Welsh Pony	50 C	-000		C1000
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FOR LABORATORY USE ONLY         TECHNICIAN       TUBE NUMBER       DATE RECEIVED       DATE REPORTED       TEST RESULTS         Edward Murray DVM       101518860-0       2018-03-01       2018-03-05       Negative         TEST REMARKS       Item temperature       Item temperature       Item temperature       Item temperature         LABORATORY       SIGNATURE OF TECHNICIAN       SIGNATURE OF TECHNICIAN       Item temperature       Item temperature	RABIES VACCINATION							
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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.