

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

EIA-13210228

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-13210228	DATE SIGNED 2018-03-02	LAB/ACCESSION NUMBER 64CV180287	COUNTY
NAME & ADDRESS OF OWNER Megan Coggin 121 Shaw Lane Wilsonville, AL 35186 Phone: 256-990-3557 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN John Sudduth 1330 Mineral Springs Rd Pell City, AL 35125 Phone: 205-338-1111	
NAME & ADDRESS OF STABLE/MARKET Cameron Oaks Farm 6491 Hwy 51 Wilsonville, AL 35186 Phone: 205-966-6213 PIN/LID: /			
VETERINARY LICENSE OR ACCREDITATION NO. 5578 - AL / 014260		TEST TYPE ELISA	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 John F. Sudduth DVM	DATE BLOOD DRAWN 2018-03-01
---	---------------------------------------	--------------------------------

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 Megan Coggin	SIGNATURE DATE 2018-03-02
NAME OF HORSE Libby	ID1	ID2	ID3
COLOR Bay	AGE OR DOB 2009-01-01	BREED Warmblood X	GENDER Female



NARRATIVE DESCRIPTION:

HEAD: Star,Strip, Snip	OTHER MARKS AND BRANDS: Median Whorl Above Eye Level /
LEFT FORELIMB: Pastern	RIGHT FORELIMB:
LEFT HINDLIMB: Pastern	RIGHT HINDLIMB: Fetlock

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
------	------------------	---------	---------------	-----------------	-----------------

FOR LABORATORY USE ONLY

TECHNICIAN Edward Murray DVM	TUBE NUMBER 101518956-0	DATE RECEIVED 2018-03-01	DATE REPORTED 2018-03-05	TEST RESULTS Negative
---------------------------------	----------------------------	-----------------------------	-----------------------------	--------------------------

TEST REMARKS

LABORATORY Coosa Valley Equine Center Lab 1330 Mineral Springs Rd Pell City, AL 35125	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.