



| GlobalVetLINK - EQUINE INFECTIOU   | EIA-13331723                    |  |                                   |                  |                            |  |                                 |  |
|--|---------------------------------|--|-----------------------------------|------------------|----------------------------|--|---------------------------------|--|
| This Equine Infectious Anemia (EIA) test   |                                 | Accredited Laboratory —-Glo<br>e and Complete Addresses In   |                                   |                  |                            |  | VS 10-11. Forms Without Adequat |  |
| SERIAL NUMBER DATE 2018-   | SIGNED<br>03-29                 | LAB/ACCESSION N  | LAB/ACCESSION NUMBER              |                  |                            | COUNTY   |                                 |  |
| NAME & ADDRESS OF OWNER  |                                 | NAME & ADDRESS   | NAME & ADDRESS OF VETERINARIAN    |                  |                            | NAME & ADDRESS OF STABLE/MARKET  |                                 |  |
| Venture Stables<br>11083 Jacksontown Rd<br>Somerset, VA 22972<br>Phone: 5406720973<br>PIN/LID: / |                                 | Keswick, VA 22947  | 6539 Gordonsville Rd              |                  |                            | Venture Stables<br>11083 Jacksontown Rd<br>Somerset, VA 22972<br>Phone: 5406720973<br>PIN/LID: / |                                 |  |
| VETERINARY LICENSE OR ACCREI<br>0301200199 - VA / 051149   | TEST TYPE                       | TEST TYPE REASON Annual  |                                   |                  | N FOR TESTING              |  |                                 |  |
| CERTIFICATION OF FEDERALLY ACCR  | EDITED VETERINARIAN I co        | ertify the specimen submitted  | with this form was dra            | awn by me from t | the horse described be     | low on the day i   | ndicated below.                 |  |
| SIGNATURE OF FEDERALLY ACCR  | 200                             | SIGNATURE I<br>Jeffrey Beshez  |                                   |                  |                            |  |                                 |  |
| CERTIFICATION OF OWNER OR OWNE   | R'S AGENT I certify that I have | ve examined this form and, to  | the best of my knowl              | edge and belief, | this form is true, correct | ct and complete  |                                 |  |
| SIGNATURE OF OWNER OR OWNER'S AGENT  |                                 |  | SIGNATURE NAME<br>Venture Stables |                  |                            | SIGNATURE DATE<br>2018-03-29   |                                 |  |
| +  | *                               | -X+  |                                   |                  | 4                          | -  |                                 |  |
| NAME OF HORSE<br>Elfin   | ID1                             | ID2  |                                   |                  | ID3                        |  |                                 |  |
| COLOR<br>Chestnut  | AGE OR DOE 2015                 |  | BREED<br>Welsh Pony               |                  | -790/2                     | GENDER<br>Mare   |                                 |  |
|  |                                 | THE STATE OF THE S |                                   |                  |                            |  |                                 |  |
| NARRATIVE DESCRIPTION:   |                                 | 1/2  |                                   |                  |                            |  |                                 |  |
| HEAD: Blaze  |                                 |  | OTHER MARKS AND BRANDS: /         |                  |                            |  |                                 |  |
| LEFT FORELIMB: Stocking  |                                 |  | RIGHT FORELIMB:                   |                  |                            |  |                                 |  |
| LEFT HINDLIMB: Stocking  | RIGHT HINDLIMB: Sock            |  |                                   |                  |                            |  |                                 |  |
| RABIES VACCINATION   |                                 |  |                                   |                  |                            |  |                                 |  |
| TYPE VACC  | INATION DATE                    | PRODUCT  | SERIAL NUME                       | BER -            | EXPIRATION D               | ATE  | ADMINISTERED BY                 |  |
| FOR LABORATORY USE ONLY  |                                 |  |                                   |                  |                            |  |                                 |  |
| TECHNICIAN   |                                 | TUBE NUMBER<br>100680534-2   | DATE RECEIV                       | ED               | DATE REPORT                | ED   | TEST RESULTS                    |  |
| TEST REMARKS   | ~\0\                            | , .  | S <sub>O</sub>                    |                  | ~1010                      |  | Clo.                            |  |
| LABORATORY   |                                 |  | SIGNATURE (                       | OF TECHNICIA     | N<br>TD Mallot is          | sin J-   |                                 |  |
|  |                                 | ASILIPI  | 1 de                              | FILM             | tagget.                    | Ministra<br>A  | Agh.                            |  |

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