




GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-13476711	
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-13476711	DATE SIGNED 2018-05-02	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER JACQUELINE WATSKIN 24 PONTIAC DR MEDFORD, NJ 08055 Phone: 856-630-2967 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Van Roekel and Associates, Inc Darrell Harvey DVM 18321 N. Olga Dr. Alva, FL 33920 Phone: 239-694-7177		NAME & ADDRESS OF STABLE/MARKET ANNE HULL 691 16TH AVE NE NAPLES, FL 34120 Phone: 609-234-2239 PIN/LID: /	
VETERINARY LICENSE OR ACCREDITATION NO. Vet License State, NJ, NOT found / 019963		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 Darrell Harvey DVM		DATE BLOOD DRAWN 2018-04-30
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 JACQUELINE WATSKIN		SIGNATURE DATE 2018-05-02
NAME OF HORSE SECRETLY	ID1	ID2	ID3		
COLOR Grey	AGE OR DOB 01/01/2011	BREED Welsh Pony	GENDER Mare		
					
NARRATIVE DESCRIPTION:					
HEAD: BLAZE/LOWER LIP			OTHER MARKS AND BRANDS: /		
LEFT FORELIMB:			RIGHT FORELIMB:		
LEFT HINDLIMB: HIGH SOCK			RIGHT HINDLIMB: HIGH SOCK		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 100592259-1	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		