
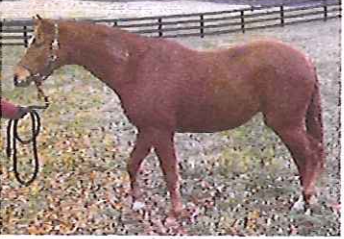


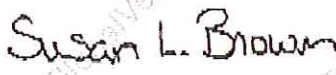


GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-12994184	
This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-12994184	DATE SIGNED 2017-12-13	LAB/ACCESSION NUMBER W1752631	COUNTY		
NAME & ADDRESS OF OWNER Thora Pollak 5 Beall Spring Court Potomac, MD 20854 Phone: 540-729-0361 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN William McCormick 35389 Millville Rd. Middleburg, VA 20117 Phone: 540-687-5249		NAME & ADDRESS OF STABLE/MARKET Skyland Farm 1771 Zulla Road Middleburg, VA 20117 Phone: 540-729-0361 PIN/LID: /	
VETERINARY LICENSE OR ACCREDITATION NO. Vet License State, MD, NOT found / 022734		TEST TYPE AGID	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  William H. McCormick VMD 2017-12-13 10:05 AM -08:00		SIGNATURE NAME William H. McCormick VMD		DATE BLOOD DRAWN 2017-12-12	
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 Thora Pollak		SIGNATURE DATE 2017-12-13	
NAME OF HORSE Rebel Yell	ID1 Microchip: 985111001103995	ID2	ID3		
COLOR Chestnut	AGE OR DOB 1/1/2010	BREED Welsh Pony	GENDER Neutered/Castrated Male		
					
NARRATIVE DESCRIPTION:					
HEAD: Median Whorl Above Eye Level, Star, Snip			OTHER MARKS AND BRANDS: /		
LEFT FORELIMB:			RIGHT FORELIMB:		
LEFT HINDLIMB:			RIGHT HINDLIMB: Sock		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Susan Brown	TUBE NUMBER 101421147-2	DATE RECEIVED 2017-12-13	DATE REPORTED 2017-12-15	TEST RESULTS Negative	
TEST REMARKS					
LABORATORY Warrenton Regional Animal Health Laboratory 272 Academy Hill Rd Warrenton, VA 20186			SIGNATURE OF TECHNICIAN  Susan Brown 2017-12-15 6:14 AM -08:00		

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.