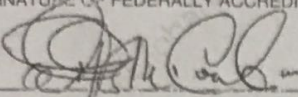
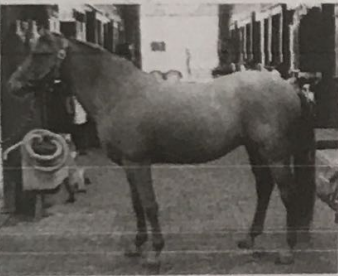


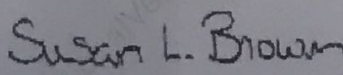


GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-12991901	
This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-12991901	DATE SIGNED 2017-12-12	LAB/ACCESSION NUMBER W1752629	COUNTY		
NAME & ADDRESS OF OWNER Krista Pell 1370 Merrimans Lane Winchester, VA 22602 Phone: 540-542-1950 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. 0301001247 - VA / 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 2017-12-12 10:48 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 Krista Pell		SIGNATURE DATE 2017-12-12
NAME OF HORSE Cedilo	ID1	ID2	ID3		
COLOR Chestnut	AGE OR DOB 12-1-2008	BREED German Riding Pony	GENDER Neutered/Castrated Male		
					
NARRATIVE DESCRIPTION:					
HEAD: Median Whorl @ Eye Level, Star			OTHER MARKS AND BRANDS: /		
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 Susan Brown	TUBE NUMBER 101421115-0	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		