

## EIA-13467580



	E INFECTIOUS ANEMIA LABORAT	ORY TEST				EIA-13467580		
GlobalVetLINK's eEIA	test form contains all data fields as found		ns Without Adequate s Will Not Be Process		The Horse and Compl	ete Addresses Ind	luding Zip Codes, and Telepho	
SERIAL NUMBER	DATE SIGNED	LAB/ACCESSION I		cu.	COUNTY			
IA-13467580	2018-04-30	NYCH00830291		Chester				
NAME & ADDRESS OF OWNER		NAME & ADDRESS	NAME & ADDRESS OF VETERINARIAN		NAME & ADD	NAME & ADDRESS OF STABLE/MARKET		
David Searle 72 E. Highland Rd			Unionville Equine Associates, PC		lvy Dell			
Parkesburg, PA 19365		25 Webster Ln	Morgan Adams DVM 25 Webster Ln		160 Frog Hollow Road East Fallowfield, PA 19320			
Phone: 610-383-4717 PIN/LID: /		Oxford, PA 19363 Phone: 610-932-68	Oxford, PA 19363 Phone: 610-932-6800			Phone: 999-999-9999 PIN/LID: /		
VETERINARY LICENSE OR ACCREDITATION NO.						ASON FOR TESTING		
V014505 - PA / 08022		AGID	E RESPONDE CONTROL CON					
ERTIFICATION OF FEDE	RALLY ACCREDITED VETERINARIAN	certify the specimen submitted	with this form was dr	awn by me from	the horse described b	elow on the day in	ndicated below.	
SIGNATURE OF FEDER	RALLY ACCREDITED VETERINARI.			SIGNATURE		No.	DATE BLOOD DRAWN	
Morgan	Morgan A	dams DVM 0 13:25:55 -05:00	Morgan Adams DVM		IIIS DVIVI		2018-04-27	
- for	2010-04-3	10.20.00 -00.00	1,7	<u> </u>	L.F			
ERTIFICATION OF OWN	ER OR OWNER'S AGENT I certify that I	have examined this form and, to	the best of my know	ledge and belief,	this form is true, corre	ect and complete		
IGNATURE OF OWNE	R OR OWNER'S AGENT		SIGNATURE I David Searle	IGNATURE NAME avid Searle		SIGNATURE DATE 2018-04-30		
LAME OF HORSE			IDC			tros.		
NAME OF HORSE True Black Kat	ID1		ID2			ID3		
COLOR Black/White	AGE OR D 2007-01-01		BREED Paint		1.00	GENDER Female		
	The American					M		
				***************************************				
ADDATIVE DESCRIPT	ION.					***************************************	The state of the s	
	ION:		OTHER MARK	C AND DDAN	DS: see photo-	hody marking		
IEAD: star, snip					DS: see photos for	body markings		
EAD: star, snip	stocking		RIGHT FOREL	_IMB: high sto	cking	body markings		
EFT FORELIMB: high s	stocking			_IMB: high sto	cking	body markings		
IEAD: star, snip  EFT FORELIMB: high s  EFT HINDLIMB: high s  RABIES VACCINATION	stocking	PRODUCT	RIGHT FOREL	IMB: high stoc	cking		4445-472	
NARRATIVE DESCRIPT HEAD: star, snip LEFT FORELIMB: high s LEFT HINDLIMB: high s RABIES VACCINATION TYPE FOR LABORATORY US	stocking tocking VACCINATION DATE	PRODUCT	RIGHT FOREL	IMB: high stoc	cking		ADMINISTERED BY	
HEAD: star, snip  LEFT FORELIMB: high s LEFT HINDLIMB: high s RABIES VACCINATION TYPE TOR LABORATORY US TECHNICIAN	tocking  VACCINATION DATE  E ONLY	PRODUCT  TUBE NUMBER 101638314-0	RIGHT FOREL	IMB: high stoo	cking	DATE	4445-472	
EFT FORELIMB: high s EFT HINDLIMB: high s VABIES VACCINATION YPE OR LABORATORY US ECHNICIAN Jobs Saleh Mohammad	tocking  VACCINATION DATE  E ONLY	TUBE NUMBER	RIGHT FOREL RIGHT HINDL SERIAL NUMB DATE RECEIV	IMB: high stoo	king  EXPIRATION I	DATE	ADMINISTERED BY TEST RESULTS	
EFT FORELIMB: high s EFT HINDLIMB: high s RABIES VACCINATION TYPE FOR LABORATORY US ECHNICIAN Abu Saleh Mohammad	tocking  VACCINATION DATE  E ONLY	TUBE NUMBER	RIGHT FOREL RIGHT HINDL SERIAL NUMB DATE RECEIV	IMB: high stoo	king  EXPIRATION I	DATE	ADMINISTERED BY TEST RESULTS	
HEAD: star, snip  LEFT FORELIMB: high s LEFT HINDLIMB: high s RABIES VACCINATION TYPE  FOR LABORATORY US TECHNICIAN Abu Saleh Mohammad TEST REMARKS	tocking  VACCINATION DATE  E ONLY	TUBE NUMBER	RIGHT FOREL RIGHT HINDL SERIAL NUMB DATE RECEIV	IMB: high stock	EXPIRATION I  DATE REPOR 2018-05-02	DATE	ADMINISTERED BY TEST RESULTS	

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.