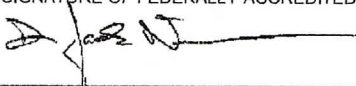




GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-13606281	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-13606281	DATE SIGNED 2018-06-12	LAB/ACCESSION NUMBER SL 256	COUNTY Cascade		
NAME & ADDRESS OF OWNER Helen Grasseschi 4630 Fox Farm Rd Great Falls, MT 59404 Phone: 406 868-3460 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Associated Veterinary Services, PC Jack Newman DVM 4217 2nd Avenue North Great Falls, MT 59401 Phone: 406-727-0477		NAME & ADDRESS OF STABLE/MARKET Helen Grasseschi 4630 Fox Farm Rd Great Falls, MT 59404 Phone: 406 868-3460 PIN/LID: /	
VETERINARY LICENSE OR ACCREDITATION NO. 1056 - MT / 024187		TEST TYPE ELISA	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  Jack Newman DVM 2018-06-12 12:48:55 -05:00			SIGNATURE NAME Jack Newman DVM	DATE BLOOD DRAWN 2018-06-12	
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 Helen Grasseschi	SIGNATURE DATE 2018-06-12	
NAME OF HORSE Amalia BEC	ID1 Barn Name: Mali	ID2	ID3		
COLOR Bay	AGE OR DOB 2016-01-01	BREED Friesian Cross	GENDER Female		
					
NARRATIVE DESCRIPTION:					
HEAD: None		OTHER MARKS AND BRANDS: None / None, Microchip #985112008697815			
LEFT FORELIMB: None		RIGHT FORELIMB: None			
LEFT HINDLIMB: None		RIGHT HINDLIMB: None			
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Jayson Shobe		TUBE NUMBER 101714268-0	DATE RECEIVED 2018-06-14	DATE REPORTED 2018-06-14	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Shobe Diagnostic Laboratory 408 W. Main Street Lewistown, MT 59457			SIGNATURE OF TECHNICIAN  Jayson Shobe 2018-06-14 13:39:56 -05:00		