




GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-13484865	
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-13484865	DATE SIGNED 2018-05-03	LAB/ACCESSION NUMBER	COUNTY Fannin		
NAME & ADDRESS OF OWNER Lindsey Paul 2794 CR 3715 Leonard, TX 75452 Phone: 972-768-9490 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Tri-County Veterinary Services Amanda Avery 8261 FM 2862 Anna, TX 75409 Phone: 972-924-3622		NAME & ADDRESS OF STABLE/MARKET Lindsey Paul 2794 CR 3715 Leonard, TX 75452 Phone: 972-768-9490 PIN/LID: /	
VETERINARY LICENSE OR ACCREDITATION NO. 10766 - TX / 039401		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 Amanda Avery		DATE BLOOD DRAWN 2018-05-02
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 Lindsey Paul		SIGNATURE DATE 2018-05-03
NAME OF HORSE Cayenne	ID1	ID2	ID3		
COLOR Chestnut	AGE OR DOB 2016-04-25	BREED RPSI	GENDER Female		
					
NARRATIVE DESCRIPTION:					
HEAD: Star			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		TUBE NUMBER 101145480-1	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		