

## EIA-13484865



Global Vetl INK - FOLINE	INFECTIOUS ANEMIA LABO		FST				EIA-1348486	5	
				Without Adequate D	Descriptions Of The	e Horse and Compl		sluding Zip Codes, and Telephone	
	1			Will Not Be Processe				- S	
SERIAL NUMBER EIA-13484865	DATE SIGNED 2018-05-03	4	LAB/ACCESSION NUMBER			COUNTY Fannin			
IAME & ADDRESS OF OWNER			NAME & ADDRESS OF VETERINARIAN			NAME & ADDRESS OF STABLE/MARKET			
Lindsey Paul 2794 CR 3715 Leonard, TX 75452 Phone: 972-768-9490 PIN/LID: /			Tri-County Veterinary Services Amanda Avery 8261 FM 2862 Anna, TX 75409 Phone: 972-924-3622			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 FEDER	ALLY ACCREDITED VETERINA	ARIAN I certify	the specimen submitted v	vith this form was dra	awn by me from th	e horse described l	pelow on the day i	ndicated below.	
SIGNATURE OF FEDERA	ALLY ACCREDITED VETERI	NARIAN	0	78	SIGNATURE I		10	DATE BLOOD DRAWN	
Char	\$0	Clipp <sub>20</sub>		Clopby	Amanda Avery	CHOPS	2	2018-05-02	
CERTIFICATION OF OWNER	R OR OWNER'S AGENT I certify	that I have ex	xamined this form and, to t	the best of my knowledge	edge and belief, th	nis form is true, corr	ect and complete		
SIGNATURE OF OWNER OR OWNER'S AGENT				SIGNATURE NAME Lindsey Paul			SIGNATURE DATE 2018-05-03		
t	157		1		17/-		14-	12	
NAME OF HORSE Cayenne	ID1		.,	ID2	ID2		ID3		
COLOR Chestnut		OR DOB -04-25		BREED RPSI		. 709	GENDER Female	2/9/2	
		all deal		I Johan Ve	LINK			o all lottly	
NARRATIVE DESCRIPTION	ON:								
HEAD: Star				OTHER MARKS AND BRANDS: /					
LEFT FORELIMB:				RIGHT FORELIMB:					
LEFT HINDLIMB:	4/2		14	RIGHT HINDLI	MB: Sock		4		
RABIES VACCINATION	10			I	C.		- 22		
TYPE	VACCINATION DATE		PRODUCT	SERIAL NUMB	SER	EXPIRATION	DATE	ADMINISTERED BY	
FOR LABORATORY USE TECHNICIAN	UNLY	-70.	TUBE NUMBER	DATE RECEIV	'ED	DATE REPOR	TED	TEST RESULTS	
TECHNICIAN		O.	101145480-1	DATE RECEIV	ED	DATE KEPOR	KIED	TEST RESULTS	
TEST REMARKS							*		
LABORATORY	ille.		in the second	SIGNATURE O	OF TECHNICIAN	l			
		NORTH	Jan.	Clopsing	No. = 1.11.010	Globa	10,	Clopsing	

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