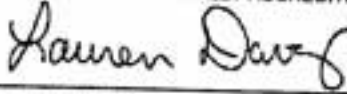


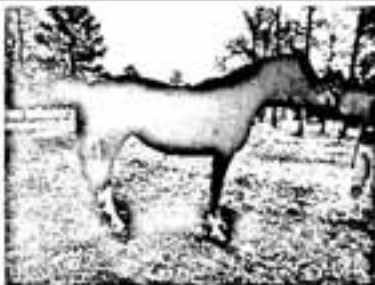
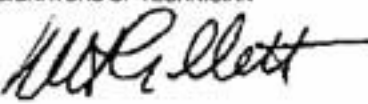


This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory —GlobalVet, INC's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.															
SERIAL NUMBER EIA-13121964	DATE SIGNED 2018-02-01	LAB/ACCESSION NUMBER 339416	COUNTY Montgomery												
NAME & ADDRESS OF OWNER Mical Duvall 41922 North Mill Drive Magnolia, TX 77354 Phone: (210) 602-5578 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Lauren Davang 33054 Joseph Rd Waller, TX 77484 Phone: 936-372-3619													
NAME & ADDRESS OF STABLE/MARKET Mical Duvall 41922 North Mill Drive Magnolia, TX 77354 Phone: (210) 602-5578 PIN/LID: /		REASON FOR TESTING Annual													
VETERINARY LICENSE OR ACCREDITATION NO. 14782 - TX / 082257		TEST TYPE AGID													
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  Lauren Davang DVM 2018-02-01 16:35:46 -06:00		SIGNATURE NAME Lauren Davang DVM	DATE BLOOD DRAWN 2018-02-01												
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 Mical Duvall	SIGNATURE DATE 2018-02-01												
NAME OF HORSE RF Lola	ID1	ID2	ID3												
COLOR Bay	AGE OR DOB 2005-01-01	BREED Dutch Warmblood	GENDER Female												
															
															
NARRATIVE DESCRIPTION: See Pictures															
HEAD: Blaze		OTHER MARKS AND BRANDS: /													
LEFT FORELIMB: Sock		RIGHT FORELIMB: Sock													
LEFT HINDLIMB: High Sock		RIGHT HINDLIMB: High Sock													
<table border="1"> <thead> <tr> <th>TYPE</th> <th>VACCINATION DATE</th> <th>PRODUCT</th> <th>SERIAL NUMBER</th> <th>EXPIRATION DATE</th> <th>ADMINISTERED BY</th> </tr> </thead> <tbody> <tr> <td colspan="6"> </td> </tr> </tbody> </table>				TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY						
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY										
TECHNICIAN Humphrey Gillett		TUBE NUMBER 101477252-0	DATE RECEIVED 2018-02-02	DATE REPORTED 2018-02-05	TEST RESULTS Negative										
TEST REMARKS															
LABORATORY Equine Laboratories No. 2 7575 N. Sam Houston Pkwy. West Stable Gate 3 Houston, TX 77064			SIGNATURE OF TECHNICIAN  Humphrey Gillett 2018-02-05 15:24:12 -06:00												