

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-12988485

This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — 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<br>EIA-12988485   | DATE SIGNED<br>2017-12-13 | LAB/ACCESSION NUMBER<br>E1708471  | COUNTY  |
| NAME & ADDRESS OF OWNER<br>Breanne Copenhaver<br>984 Fomey Lane<br>Lebanon, PA 17042<br>Phone: 717-867-5054<br>PIN/LID: 003LEOU / |                           | NAME & ADDRESS OF VETERINARIAN<br>Teri Coon<br>137 E 28th Division Highway<br>Litz, PA 17543<br>Phone: 717-625-4212 |   |
| VETERINARY LICENSE OR ACCREDITATION NO.<br>BV011438 - PA / 016735   |                           | TEST TYPE<br>AGID   | NAME & ADDRESS OF STABLE/MARKET<br>Breanne Copenhaver<br>215 Fortiana Ave<br>Lebanon, PA 17042<br>Phone: 717-867-5054<br>PIN/LID: / |
|   |                           | REASON FOR TESTING<br>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<br><i>Teri Coon DVM</i><br>2017-12-13 6:42 AM -08:00 | SIGNATURE NAME<br>Teri Coon | DATE BLOOD DRAWN<br>2017-12-11 |
|---|-----------------------------|--------------------------------|

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<br><i>Breanne E Copenhaver</i> | SIGNATURE NAME<br>Breanne Copenhaver | SIGNATURE DATE<br>2017-12-13 |
|--|--------------------------------------|------------------------------|

|                                  |                                   |                     |                                   |
|----------------------------------|-----------------------------------|---------------------|-----------------------------------|
| NAME OF HORSE<br>O.L. Mud Dauber | ID1<br>Registration number: H7043 | ID2                 | ID3                               |
| COLOR<br>Chestnut/White          | AGE OR DOB<br>2006-02-15          | BREED<br>Welsh Pony | GENDER<br>Neutered/Castrated Male |



NARRATIVE DESCRIPTION:

|                |  |
|----------------|--|
| HEAD: Blaze    | OTHER MARKS AND BRANDS: Overo paint see photos / |
| LEFT FORELIMB: | RIGHT FORELIMB:                                  |
| LEFT HINDLIMB: | RIGHT HINDLIMB:                                  |

RABIES VACCINATION

| TYPE | VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY |
|------|------------------|---------|---------------|-----------------|-----------------|
|------|------------------|---------|---------------|-----------------|-----------------|

FOR LABORATORY USE ONLY

|                        |                            |                             |                             |                          |
|------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------|
| TECHNICIAN<br>Jay Gass | TUBE NUMBER<br>101421842-0 | DATE RECEIVED<br>2017-12-14 | DATE REPORTED<br>2017-12-15 | TEST RESULTS<br>Negative |
|------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------|

TEST REMARKS

|  |   |
|--|---|
| LABORATORY<br>PADLS-Pennsylvania Veterinary Laboratory<br>2305 N. Cameron Street<br>Harrisburg, PA 17110 | SIGNATURE OF TECHNICIAN<br><i>Jay Gass</i><br>Jay Gass<br>2017-12-15 9:00 AM -08:00 |
|--|---|