

| GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST   |                           |   |  | EIA-13860606  |                              |
|--|---------------------------|---|--|---|------------------------------|
| 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-13860606  | DATE SIGNED<br>2018-09-25 | LAB/ACCESSION NUMBER  | COUNTY   |   |                              |
| NAME & ADDRESS OF OWNER<br>Wendy Hammatt<br>7001 ne stonewater st<br>Hillsboro, OR 97124<br>Phone: 206-380-5461<br>PIN/LID: /  |                           | NAME & ADDRESS OF VETERINARIAN<br>Owens Equine<br>Sarah Owens<br>9506 240th Ave NE<br>Issaquah, WA 98027<br>Phone: 206-661-6005 |  | NAME & ADDRESS OF STABLE/MARKET<br>Tanya Thompson<br>4493 NE Stevens-Uhler Rd<br>Poulsbo, WA 98370<br>Phone: 360-632-7110<br>PIN/LID: / |                              |
| NATIONAL ACCREDITATION NUMBER<br>028411  |                           | TEST TYPE   |  | 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   |                           |   |  | DATE BLOOD DRAWN<br>2018-09-20  |                              |
| 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<br>Wendy Hammatt  |   | SIGNATURE DATE<br>2018-09-25 |
| NAME OF HORSE<br>Jonesy  | ID1                       | ID2   | ID3  |   |                              |
| COLOR<br>Dark Bay  | AGE OR DOB<br>2003-09-24  | BREED<br>Thoroughbred   | GENDER<br>Neutered/Castrated Male  |   |                              |
|   |                           |   |  |   |                              |
| NARRATIVE DESCRIPTION:   |                           |   | OTHER MARKS AND BRANDS: none   |   |                              |
| HEAD: double whorl above eye level, whorls both ventral mandibles  |                           |   | NECK AND BODY: whorl at lower right crest, 2 divets at ventral mid trachea and 1 divet left lower neck |   |                              |
| LEFT FORELIMB: forearm lateral 3 cm scar, pinfiring medial cannon  |                           |   | RIGHT FORELIMB: none   |   |                              |
| LEFT HINDLIMB: none  |                           |   | RIGHT HINDLIMB: scar on lateral fetlock  |   |                              |
| RABIES VACCINATION   |                           |   |  |   |                              |
| TYPE   | VACCINATION DATE          | PRODUCT   | SERIAL NUMBER  | EXPIRATION DATE   | ADMINISTERED BY              |
| FOR LABORATORY USE ONLY  |                           |   |  |   |                              |
| TECHNICIAN   |                           | TUBE NUMBER<br>101858805-0  | DATE RECEIVED  | DATE REPORTED   | TEST RESULTS                 |
| TEST REMARKS   |                           |   |  |   |                              |
| LABORATORY   |                           |   | SIGNATURE OF TECHNICIAN  |   |                              |