

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-13805581	
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-13805581	DATE SIGNED 2018-09-04	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER LEAH MCDONALD 4911 SW 173RD WAY SOUTHWEST RANCHES, FL 33331 Phone: 954-815-3758 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Equine Internal Medicine Consulting, PLLC Natalie Carrillo DVM 14771 Southwest 26th Street Davie, FL 33325 Phone: 703-678-8879		NAME & ADDRESS OF STABLE/MARKET LEAH MCDONALD 4911 SW 173RD WAY SOUTHWEST RANCHES, FL 33331 Phone: 954-815-3758 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER Fed Accred # 064610		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				DATE BLOOD DRAWN 2018-09-04	
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 LEAH MCDONALD		SIGNATURE DATE 2018-09-04
NAME OF HORSE DUBAI	ID1	ID2	ID3		
COLOR Bay	AGE OR DOB 2005-09-04	BREED Warmblood	GENDER Neutered/Castrated Male		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: STAR, WHORL			NECK AND BODY: None		
LEFT FORELIMB: sock			RIGHT FORELIMB: coronet		
LEFT HINDLIMB: sock			RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 101830323-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		