

EIA-13709298

GlobalVetLINK

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					EIA-13709298	
GlobalVetLINK's eEIA test form contair	ns all data fields as found on feo			e Horse and Complete Addresses Inc	uding Zip Codes, and Telephone	
the state of the s		Numbers Will Not Be Processed.		Je .	10.	
			LAB/ACCESSION NUMBER		A BUN	
NAME & ADDRESS OF OWNER		NAME & ADDRESS OF VETERINARIAN		NAME & ADDRESS OF STABLE/MARKET		
ELLEN BAEHR 400 DAHEGREN ROAD		Mid-Rivers Equine Centre Burny R. Baxter DVM		HAPPENSTANCE FARMS 30296 N. STRACKS CHURCH ROAD		
WARRENTON, MO 63383		404 Stable Lane		WRIGHT CITY, MO 63390		
Phone: 314-581-0282 PIN/LID: /		Wentzville, MO 63385 Phone: 636-332-5373		Phone: 314-581-0282 PIN/LID: /		
NATIONAL ACCREDITATION NUMBE	-R	TEST TYPE			REASON FOR TESTING	
010679	+			Annual		
CERTIFICATION OF FEDERALLY ACCRE	DITED VETERINARIAN I certif	y the specimen submitted wit	th this form was drawn by me from the	e horse described below on the day ir	dicated below.	
SIGNATURE OF FEDERALLY ACCR		10	10	DATE BLOOD DRAWN	NO.	
200°			2018-07-16		. 300	
C/M		or or				
CERTIFICATION OF OWNER OR OWNER	R'S AGENT I certify that I have e	examined this form and, to th	e best of my knowledge and belief, th	his form is true, correct and complete		
SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NAME	SIGNATURI	DATE	
			ELLEN BAEHR	2018-07-24	1	
4 .4	K.	t.	Mr.	-t-	6	
IAME OF HORSE ID1 ANDIT ANIMAL NUMBER: MB21411		ID2 ID3				
COLOR Bay Overo	AGE OR DOB 9 YEARS		BREED Pony - breed not specified/	unknown GENDER Neutered/Ca	strated Male	
			10ballyot My		Contraction of the second	
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: NONE / NONE			
HEAD: BALD			NECK AND BODY: OVERO PATTERN			
LEFT FORELIMB: SOCK GOING UP TO KNEE IN THE CENTER.			RIGHT FORELIMB: NONE			
LEFT HINDLIMB: STOCKING			RIGHT HINDLIMB: HIGH STOCKING			
RABIES VACCINATION	2.		and "		and the second se	
TYPE VACCIN	NATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY	
FOR LABORATORY USE ONLY						
TECHNICIAN	GIO.	TUBE NUMBER 101774080-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS	
TEST REMARKS						
				1×	Å	
LABORATORY		N.	SIGNATURE OF TECHNIC	IAN	, S	
	1000	Por.	Globallyer	CHOBOLINOL	CHOBANOL	

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