

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.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| SERIAL NUMBER EIA-13826144 | DATE SIGNED 2018-09-11 | LAB/ACCESSION NUMBER E1810400 | COUNTY Lake |
| NAME & ADDRESS OF OWNER Pam Sackett 24601 Crooked Mile Road Paisley, FL 32767 Phone: 352-978-7007 PINLID: / | | NAME & ADDRESS OF VETERINARIAN Files Equine Clinic W. Shane Files DVM 5010 Britt Road Mount Dora, FL 32757 Phone: 352-483-3641 | |
| NATIONAL ACCREDITATION NUMBER VM4002/1105 | TEST TYPE AGID | NAME & ADDRESS OF STABLE/MARKET Pam Sackett 24601 Crooked Mile Road Paisley, FL 32767 Phone: 352-978-7007 PINLID: / | |
| 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  W. Shane Files DVM 2018-09-11 13:51:58 -05:00 | | | DATE BLOOD DRAWN 2018-09-10 |
| 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 | | | |

| | | | |
|---------------------------|--------------------------|-----------------------------------|------------------------------|
| NAME OF HORSE Buckshot | ID1 | SIGNATURE NAME Pam Sackett | SIGNATURE DATE 2018-09-11 |
| COLOR Bay | AGE OR DOB 2013-01-01 | ID2 | ID3 |
| BREED Quarter Pony | | GENDER Neutered/Castrated Male | |



DESCRIPTIVE DESCRIPTION:

AD: MW@EL

OTHER MARKS AND BRANDS: None

LEFT FORELIMB: NONE

NECK AND BODY: NONE


RIGHT FORELIMB: NONE

LEFT HINDLIMB: SOCK

RIGHT HINDLIMB: SOCK

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

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|---------------------|------------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------|
| LABORATORY USE ONLY | TECHNICIAN Trevor Jackson | TUBE NUMBER 101841366-0 | DATE RECEIVED 2018-09-13 | DATE REPORTED 2018-09-14 | TEST RESULTS Negative |
|---------------------|------------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------|

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|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LABORATORY ADDRESS Animal Disease Diagnostic Laboratory 1000 Young Parkway Tallahassee, FL 32310 FL 32310 | SIGNATURE OF TECHNICIAN  Trevor Jackson 2018-09-14 15:08:23 -05:00 |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

LABORATORY INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com. For any questions related to this document with your state or issuing state veterinarian's office.