

EIA-13567954

GlobalVetLINK

GlobalVetLINK's eEIA test f	form contains all data fields a							
	.L	is found on fede		s Without Adequate D Will Not Be Processe		ne Horse and Complete	e Addresses Inc	luding Zip Codes, and Telephone
SERIAL NUMBER EIA-13567954	DATE SIGNED 2018-05-31		LAB/ACCESSION N		1 miles	COUNTY	All Internet	and the second s
NAME & ADDRESS OF OWNER			NAME & ADDRESS OF VETERINARIAN			NAME & ADDRESS OF STABLE/MARKET		
Sina Cook 5400 Calamondin Ave Cocoa, FL 32926 Phone: 321-634-4578 PIN/LID: /			Equine Performance Veterinary Practice Heather Farmer DVM 10310 Gopher Rd Howey In The Hills, FL 34737 Phone: 407-657-7311			Gina Cook 5400 Calamondin Ave Cocoa, FL 32926 Phone: 321-634-4578 PIN/LID: /		
VETERINARY LICENSE OR ACCREDITATION NO. VM10038 - FL / 000600			TEST TYPE			REASON FOR TESTING Annual		
ERTIFICATION OF FEDERAL	LY ACCREDITED VETERIN	IARIAN I certify	the specimen submitted	with this form was dra	wn by me from t	he horse described bel	ow on the day ir	ndicated below.
GIGNATURE OF FEDERALI	- 6		de la companya de la	- de	SIGNATURE	1	8°	DATE BLOOD DRAWN
Clops	7	Clops		Cloba	Heather Farn	ner DVM		2018-05-29
ERTIFICATION OF OWNER O	OR OWNER'S AGENT I certi	fy that I have ex	camined this form and, to	the best of my knowl	edge and belief,	this form is true, correc	t and complete	1
SIGNATURE OF OWNER OR OWNER'S AGENT				SIGNATURE NAME Gina Cook			SIGNATURE DATE 2018-05-31	
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IAME OF HORSE Oon De Marco	ID1			ID2			ID3	
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IEAD: Star EFT FORELIMB: Fetlock EFT HINDLIMB: Stocking		Giobali		RIGHT FOREL	IMB:	DS: /		
HEAD: Star LEFT FORELIMB: Fetlock LEFT HINDLIMB: Stocking RABIES VACCINATION	VACCINATION DATE	Globali	PRODUCT	RIGHT FOREL	IMB: MB: Stocking	DS: /		ADMINISTERED BY
IEAD: Star EFT FORELIMB: Fetlock EFT HINDLIMB: Stocking RABIES VACCINATION TYPE FOR LABORATORY USE O	VACCINATION DATE	Cloball	PRODUCT TUBE NUMBER 101690990-0	RIGHT FOREL	IMB: MB: Stocking ER		0	ADMINISTERED BY
VARRATIVE DESCRIPTION HEAD: Star LEFT FORELIMB: Fetlock LEFT HINDLIMB: Stocking RABIES VACCINATION TYPE FOR LABORATORY USE O FECHNICIAN	VACCINATION DATE	Global	TUBE NUMBER	RIGHT FOREL RIGHT HINDLI	IMB: MB: Stocking ER	EXPIRATION D	0	
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