


| GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST | | | | EIA-13567954 | |
|--|---------------------------|--|--------------------------------------|---|--------------------------------|
| 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-13567954 | DATE SIGNED 2018-05-31 | LAB/ACCESSION NUMBER | COUNTY | | |
| NAME & ADDRESS OF OWNER Gina Cook 5400 Calamondin Ave Cocoa, FL 32926 Phone: 321-634-4578 PIN/LID: / | | NAME & ADDRESS OF VETERINARIAN Equine Performance Veterinary Practice Heather Farmer DVM 10310 Gopher Rd Howey In The Hills, FL 34737 Phone: 407-657-7311 | | NAME & ADDRESS OF STABLE/MARKET 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 | |
| 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 | | | SIGNATURE NAME Heather Farmer DVM | | DATE BLOOD DRAWN 2018-05-29 |
| 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 Gina Cook | | SIGNATURE DATE 2018-05-31 |
| NAME OF HORSE Don De Marco | ID1 | ID2 | ID3 | | |
| COLOR Black | AGE OR DOB 2006-01-01 | BREED Oldenburg | GENDER Stallion | | |
|  | | | | | |
| NARRATIVE DESCRIPTION: | | | | | |
| HEAD: Star | | | OTHER MARKS AND BRANDS: / | | |
| LEFT FORELIMB: Fetlock | | | RIGHT FORELIMB: | | |
| LEFT HINDLIMB: Stocking | | | RIGHT HINDLIMB: Stocking | | |
| RABIES VACCINATION | | | | | |
| TYPE | VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY |
| FOR LABORATORY USE ONLY | | | | | |
| TECHNICIAN | | TUBE NUMBER 101690990-0 | DATE RECEIVED | DATE REPORTED | TEST RESULTS |
| TEST REMARKS | | | | | |
| LABORATORY | | | SIGNATURE OF TECHNICIAN | | |