

| GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST | | | | EIA-13824455 | |
|--|--------------------------------|--|--|---|------------------------------------|
| 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-13824455 | DATE SIGNED 2018-09-11 | LAB/ACCESSION NUMBER 94369-2 | COUNTY | | |
| NAME & ADDRESS OF OWNER Christine Shorokey 78 N. Kischling Dr. Swedesboro, NJ 08085 Phone: 856-430-4913 PIN/LID: / | | NAME & ADDRESS OF VETERINARIAN Beier Veterinary Services Ernest Beier III DVM 825 Kings HWY Mickleton, NJ 08056 Phone: 856-467-1036 | | NAME & ADDRESS OF STABLE/MARKET Christine Shorokey 78 N. Kischling Dr. Swedesboro, NJ 08085 Phone: 856-430-4913 PIN/LID: / | |
| NATIONAL ACCREDITATION NUMBER 016635 | | TEST TYPE AGID | 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 Ernest Beier III DVM 2018-09-11 09:05:34 -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 | | | SIGNATURE NAME Christine Shorokey | SIGNATURE DATE 2018-09-11 | |
| NAME OF HORSE Captian jack shorokey | ID1 | ID2 | ID3 | | |
| COLOR Bay | AGE OR DOB 2005-01-01 | BREED Warmblood | GENDER Neutered/Castrated Male | | |
| | | | | | |
| NARRATIVE DESCRIPTION: | | | OTHER MARKS AND BRANDS: None | | |
| HEAD: Star | | | NECK AND BODY: None | | |
| LEFT FORELIMB: None | | | RIGHT FORELIMB: None | | |
| LEFT HINDLIMB: None | | | RIGHT HINDLIMB: None | | |
| RABIES VACCINATION | | | | | |
| TYPE Booster | VACCINATION DATE 2018-09-10 | PRODUCT Imrab LA (Large Animal) | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY Dr. Ernie Beier |
| FOR LABORATORY USE ONLY | | | | | |
| TECHNICIAN Lana Castellano | | TUBE NUMBER 101840442-0 | DATE RECEIVED 2018-09-13 | DATE REPORTED 2018-09-14 | TEST RESULTS Negative |
| TEST REMARKS | | | | | |
| LABORATORY New Jersey Dept. of Agriculture Animal Health Lab 3 Schwarzkopf Dr. Ewing, NJ 08628 | | | SIGNATURE OF TECHNICIAN Lana Castellano 2018-09-14 06:50:47 -05:00 | | |