

EIA-13824478



				The Horse and Complete Addresses	ncluding Zip Codes, and Telephone	
	the state of the s	- Alexandre	ill Not Be Processed.	the second second		
SERIAL NUMBER EIA-13824478	DATE SIGNED 2018-09-11	LAB/ACCESSION NUMBER 18-94369E. 1		COUNTY		
NAME & ADDRESS OF OWNER NAME & ADDRESS		NAME & ADDRESS OF VETE	RINARIAN	NAME & ADDRESS OF S	NAME & ADDRESS OF STABLE/MARKET	
Christine Shorokey 78 N. Kischling Dr. Swedesboro, NJ 08085 Phone: 856-430-4913 PIN/LID: /		Beier Veterinary Services Ernest Beier III DVM 825 Kings HWY Mickleton, NJ 08056 Phone: 856-467-1036		South Jersey Equestrian Center 712 Barrets Run Rd. Bridgeton, NJ 08353 Phone: 856-430-4913 PIN/LID: /		
NATIONAL ACCREDITATION NUMBER 016635		TEST TYPE AGID		REASON FOR TESTING Annual		
CERTIFICATION OF FED	ERALLY ACCREDITED VETERINAP	RIAN I certify the specimen submitted wi	th this form was drawn by me from	the horse described below on the da	y indicated below.	
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN Ernest Beier III DVM 2018-09-11 09:09:17 -05:00			DATE BLOOD DRAWN 2018-09-10			
CERTIFICATION OF OW	NER OR OWNER'S AGENT I certify	that I have examined this form and, to th	e best of my knowledge and belief	, this form is true, correct and comple	te	
SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NAME Christine Shorokey	SIGNATURE DATE 2018-09-11		
NAME OF HORSE Kiki shorokey	ID1		ID2	ID3		
COLOR Chestnut	AGE OR D 2006-01-01	ОВ	BREED Warmblood	GENDER Female		
VARRATIVE DESCRIP	PTION:		OTHER MARKS AND BF	RANDS: None		
	PTION:		OTHER MARKS AND BE NECK AND BODY: Non			
HEAD: Star		Contrain and a second		ie		
NARRATIVE DESCRIF HEAD: Star LEFT FORELIMB: Nor	ne le spot on fetlock	Contration of the second s	NECK AND BODY: Non	ne		
HEAD: Star LEFT FORELIMB: Nor LEFT HINDLIMB: Whit RABIES VACCINATION TYPE Booster	te spot on fetlock N VACCINATION DATE 2018-09-10	PRODUCT Imrab LA (Large Animal)	NECK AND BODY: Non RIGHT FORELIMB: Non	ne	ADMINISTERED BY Dr	
HEAD: Star LEFT FORELIMB: Nor LEFT HINDLIMB: Whit RABIES VACCINATIO TYPE	te spot on fetlock N VACCINATION DATE 2018-09-10		NECK AND BODY: Non RIGHT FORELIMB: Non RIGHT HINDLIMB: Whit	ne ne te sock		
HEAD: Star LEFT FORELIMB: Nor LEFT HINDLIMB: Whit RABIES VACCINATION TYPE Booster FOR LABORATORY U TECHNICIAN	te spot on fetlock N VACCINATION DATE 2018-09-10	TUBE NUMBER	NECK AND BODY: Non RIGHT FORELIMB: Nor RIGHT HINDLIMB: Whit SERIAL NUMBER DATE RECEIVED	te sock EXPIRATION DATE DATE REPORTED	Dr TEST RESULTS	

Please address any questions related to this document with your state or issuing state veterinarian's office.