



GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-13522878	
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-13522878	DATE SIGNED 2018-05-15	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER AMANDA HUDSPETH 903 SCHWEDE ROAD WENTZVILLE, MO 63385 Phone: 314-458-1173 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Mid-Rivers Equine Centre Dawn E. Hoover DVM 404 Stable Lane Wentzville, MO 63385 Phone: 636-332-5373		NAME & ADDRESS OF STABLE/MARKET GREAT GRIFFIN FARMS 903 SCHWEDE ROAD WENTZVILLE, MO 63385 Phone: 636-398-6992 PIN/LID: /	
VETERINARY LICENSE OR ACCREDITATION NO. OO6168 - MO / 001846		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 Dawn E. Hoover DVM		DATE BLOOD DRAWN 2018-05-09
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 AMANDA HUDSPETH		SIGNATURE DATE 2018-05-15
NAME OF HORSE BIG LEAGUE	ID1 BARN NAME: YADI	ID2 ANIMAL NUMBER: 43123	ID3		
COLOR Blue Roan	AGE OR DOB 12 YEARS	BREED Pony - breed not specified/ unknown	GENDER Neutered/Castrated Male		
					
NARRATIVE DESCRIPTION:					
HEAD: NONE			OTHER MARKS AND BRANDS: DARK FACE AND LOWER LEGS /		
LEFT FORELIMB: NONE			RIGHT FORELIMB: NONE		
LEFT HINDLIMB: NONE			RIGHT HINDLIMB: NONE		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 101666199-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		