## 

## EIA-13169369

## GlobalVetLINK

VetLINK

| GlobalVetLINK - EQUINE   | INFECTIOUS ANEMIA LAB                           | ORATORY TEST  |                             |                              | EIA                          | A-13169369   |                                  |  |
|--|---|---|-----------------------------|------------------------------|------------------------------|--|----------------------------------|--|
| This Equine Infectious Anen  |   | an NVSL Accredited Laboratory –<br>The Horse and Complete Address |                             |                              |                              |  | VS 10-11. Forms Without Adequate |  |
| SERIAL NUMBER<br>EIA-13169369  | DATE SIGNED<br>2018-02-19                       | LAB/ACCESSION NU  | AB/ACCESSION NUMBER         |                              | COUNTY<br>Hillsborough       |  |                                  |  |
| NAME & ADDRESS OF OWNER NAME & ADDRESS   |   |   | DF VETERINARIAN NAME & ADDF |                              |                              | S OF STABL   | E/MARKET                         |  |
| Donna Baldwin<br>C/O 17321 Morris Bridge F<br>New Tampa, FL 33592<br>Phone: 000-000-0000<br>PIN/LID: / | Road  |   |                             |                              |                              | Cross Creek Equestrian<br>17321 Morris Bridge Road<br>New Tampa, FL 33592<br>Phone: 813-782-3220<br>PIN/LID: / |                                  |  |
| VETERINARY LICENSE C<br>VM11031 - FL / 045941  | TEST TYPE                                       | TEST TYPE REASON FC   |                             |                              | R TESTING                    |  |                                  |  |
| CERTIFICATION OF FEDER   | ALLY ACCREDITED VETERINA                        | ARIAN I certify the specimen submit                               | itted with this form was    | drawn by me from t           | he horse described below     | v on the day in  | ndicated below.                  |  |
| SIGNATURE OF FEDERA  | LLY ACCREDITED VETER                            | NARIAN  | 5                           | SIGNATURE NA                 |                              | <u> </u>   | DATE BLOOD DRAWN                 |  |
| CHO  | Clopa.  | Ross T. Russell DVM   |                             |                              |                              | 2018-02-02   |                                  |  |
| CERTIFICATION OF OWNER   | OR OWNER'S AGENT I certify                      | v that I have examined this form an                               | nd, to the best of my kn    | owledge and belief, t        | this form is true, correct a | and complete   |                                  |  |
| SIGNATURE OF OWNER   | SIGNATURE NAME<br>Donna Baldwin                 |   |                             | SIGNATURE DATE<br>2018-02-19 |                              |  |                                  |  |
| L  | t   | .×  |                             | ×                            |                              | J-   | - H                              |  |
| NAME OF HORSE<br>Kodiak  | ID1   |   | ID2                         | - 1/                         | IDS                          | 3  | 11.3                             |  |
| COLOR<br>Dark Bay  | AGE OR<br>2011-01-                              |   | BREED<br>Appendix           |                              |                              | GENDER<br>Neutered/Castrated Male  |                                  |  |
|  | 1811MH  |   | A CODE                      | Notlink                      |                              |  | alobalyathing                    |  |
| NARRATIVE DESCRIPTIO   | DN:   | 0   | 0.                          |                              | 0.                           |  | Q.                               |  |
| HEAD: Star stripe snip   | OTHER MARKS AND BRANDS: White behind left ear / |   |                             |                              |                              |  |                                  |  |
| LEFT FORELIMB: Fetlock   |   |   | RIGHT FORELIMB: Sock        |                              |                              |  |                                  |  |
| LEFT HINDLIMB: Fetlock   | t   | t   | RIGHT HINDLIMB: Sock        |                              |                              | ×  | 1 starter                        |  |
| RABIES VACCINATION   |   |   |                             |                              |                              |  |                                  |  |
| TYPE   | VACCINATION DATE                                | PRODUCT   | SERIAL NUMBE                | R                            | EXPIRATION DATE              | Ē  | ADMINISTERED BY                  |  |
| FOR LABORATORY USE<br>TECHNICIAN   | ONLY  | TUBE NUMBER<br>101483418-1  | DATE RECEIVE                | D                            | DATE REPORTED                |  | TEST RESULTS                     |  |
| TEST REMARKS   |   |   |                             |                              |                              |  |                                  |  |
| LABORATORY   | alles.  | the.  | SIGNATURE OF                | TECHNICIAN                   | alobalye                     |  | -10ballyettmy                    |  |
|  |   |   | GOST                        |                              | Globallye                    |  | Globally                         |  |

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