

EIA-14008797

GlobalVetLINK

GlobalVetLINK - EQUINE INF	ECTIOUS ANEMIA	LABORATORY T	EST			EIA-14008797		
GlobalVetLINK's eEIA test for	rm contains all data fie	elds as found on fede		Without Adequate Descriptions Of The H	orse and Complet	e Addresses Includ	ding Zip Codes, and Telephone	
t-	- de		Numbers Will Not Be Processed.		the set			
SERIAL NUMBER EIA-14008797	DATE SIGNED 2018-11-16	ž,	LAB/ACCESSION NUMBER		COUNTY	COUNTY		
NAME & ADDRESS OF OWN	IER		NAME & ADDRESS OF VETERINARIAN		NAME & ADDRESS OF STABLE/MARKET			
Maria Scandell PO Box 1732			Mid Hudson Equine Of Highland Sandra Fatone DVM		Justin Farms 100 Schmidt Lane			
1923 Route 52			117 Crow Hill Rd		Circleville, NY 10919			
Pine Bush, NY 12566			Highland, NY 12528	-	Phone: 845-3	61-5038		
Phone: 845-798-1433 PIN/LID: /			Phone: (845) 649-048	5	PIN/LID: /			
NATIONAL ACCREDITATION 014540			TEST TYPE	13th	REASON FO First Test	R TESTING	1. Starter and 1. Sta	
CERTIFICATION OF FEDERALL	Y ACCREDITED VET	ERINARIAN I certify	the specimen submitted w	rith this form was drawn by me from the h	orse described be	low on the day indi	icated below.	
SIGNATURE OF FEDERALL	Y ACCREDITED VE	TERINARIAN		S. S	DATE BLOO	D DRAWN	J.S.	
				2018-11-13			CNO2	
0.		0.		0.	0		0.	
CERTIFICATION OF OWNER OF	R OWNER'S AGENT I	certify that I have ex	amined this form and, to th	he best of my knowledge and belief, this f	orm is true, correc	t and complete		
SIGNATURE OF OWNER OR OWNER'S AGENT				SIGNATURE NAME Maria Scandell			DATE	
×-	the		×			2018-11-16	1 Alexandress of the second se	
7,			14			10.	<u></u>	
NAME OF HORSE Haymar's Midnight Masquerad	de	ID1 Barn Name: Raic	der	ID2		ID3		
COLOR Seal Brown		AGE OR DOB 2017-01-01		BREED Welsh X	CHOD.	GENDER Gelding	Clor	
		alobali		Slobal Vettink			CORANGE INV	
NARRATIVE DESCRIPTION:		0		OTHER MARKS AND BRAND	S: none		Ú.	
HEAD: none				NECK AND BODY: none				
LEFT FORELIMB: none				RIGHT FORELIMB: none				
LEFT HINDLIMB: none					RIGHT HINDLIMB: none			
RABIES VACCINATION	1.		11-			11-	1.	
ТУРЕ	VACCINATION D	ATE	PRODUCT	SERIAL NUMBER	EXPIRATION	DATE	ADMINISTERED BY	
FOR LABORATORY USE ON			l	20.32			N.Y.	
TECHNICIAN		0.	TUBE NUMBER 101933637-0	DATE RECEIVED	DATE REPO	RTED	TEST RESULTS	
TEST REMARKS			1	I	1		1	
						-st-	67.	
	N	4	N			N.	- Aller	
LABORATORY		1000l	0	SIGNATURE OF TECHNICIAI	CHODAN	10	CHOPANYC	

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