



GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14008797	
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-14008797	DATE SIGNED 2018-11-16	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Maria Scandell PO Box 1732 1923 Route 52 Pine Bush, NY 12566 Phone: 845-798-1433 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Mid Hudson Equine Of Highland Sandra Fatone DVM 117 Crow Hill Rd Highland, NY 12528 Phone: (845) 649-0485		NAME & ADDRESS OF STABLE/MARKET Justin Farms 100 Schmidt Lane Circleville, NY 10919 Phone: 845-361-5038 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 014540	TEST TYPE	REASON FOR TESTING First Test			
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				DATE BLOOD DRAWN 2018-11-13	
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 Maria Scandell	SIGNATURE DATE 2018-11-16	
NAME OF HORSE Haymar's Midnight Masquerade	ID1 Barn Name: Raider	ID2	ID3		
COLOR Seal Brown	AGE OR DOB 2017-01-01	BREED Welsh X	GENDER Gelding		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: none		
HEAD: none			NECK AND BODY: none		
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 101933637-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		