

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-13870981

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-13870981	DATE SIGNED 2018-09-27	LAB/ACCESSION NUMBER	COUNTY
NAME & ADDRESS OF OWNER HEATHER WATSON C/O TRIPLE V SOUTH 2960 NEWMAN DR NAPLES, FL 34109 Phone: 239-877-2795 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Van Roekel and Associates, Inc Darrell Harvey DVM 18321 N. Olga Dr. Alva, FL 33920 Phone: 239-694-7177	NAME & ADDRESS OF STABLE/MARKET TRIPLE V-SOUTH 2960 NEWMAN DR NAPLES, FL 34109 Phone: 239-877-2795 PIN/LID: /
NATIONAL ACCREDITATION NUMBER 019963	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  Darrell Harvey DVM 2018-09-27 10:28:55 -05:00	DATE BLOOD DRAWN 2018-09-24
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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 HEATHER WATSON	SIGNATURE DATE 2018-09-27
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NAME OF HORSE CALYPSO	ID1	ID2	ID3
COLOR Bay	AGE OR DOB 01/01/2012	BREED Warmblood	GENDER Mare



NARRATIVE DESCRIPTION:	OTHER MARKS AND BRANDS: None
HEAD: STAR/STRIP/SNIP	NECK AND BODY: None
LEFT FORELIMB: None	RIGHT FORELIMB: None
LEFT HINDLIMB: SOCK	RIGHT HINDLIMB: None

**RABIES VACCINATION**

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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**FOR LABORATORY USE ONLY**

TECHNICIAN	TUBE NUMBER 101864491-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
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TEST REMARKS

LABORATORY	SIGNATURE OF TECHNICIAN  Julie Braswell 2018-10-01 10:38:45 -05:00
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