




GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-13795322	
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-13795322	DATE SIGNED 2018-08-30	LAB/ACCESSION NUMBER	COUNTY Berkeley		
NAME & ADDRESS OF OWNER Quicksilver Farm 1816 Charity Church Rd Huger, SC 29450 Phone: 440-487-7746 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Edisto Equine Clinic Christopher Ernst 7796 White Point Rd Yonges Island, SC 29449 Phone: 843-889-1316		NAME & ADDRESS OF STABLE/MARKET Quicksilver Farm 1816 Charity Church Rd Huger, SC 29450 Phone: 440-487-7746 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 053238		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				DATE BLOOD DRAWN 2018-08-28	
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 Quicksilver Farm		SIGNATURE DATE 2018-08-30
NAME OF HORSE Quicksilver Ariel	ID1 Barn Name: Ariel	ID2	ID3		
COLOR Liver Chestnut	AGE OR DOB 09/30/2014	BREED Welsh Pony	GENDER Female		
					
NARRATIVE DESCRIPTION:		OTHER MARKS AND BRANDS: MW Above Eye Level			
HEAD: blaze		NECK AND BODY: None			
LEFT FORELIMB: coronet		RIGHT FORELIMB: coronet			
LEFT HINDLIMB: sock		RIGHT HINDLIMB: none			
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 101192885-1	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		