

GLOBALVETLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

EIA-13986425

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-13986425	DATE SIGNED 2018-11-07	LAB/ACCESSION NUMBER ATCH00447902	COUNTY Berkley
NAME & ADDRESS OF OWNER Quicksilver Farm 1816 Charity Church Rd Huger, SC 29450 Phone: 440-487-7746 PINLID /		NAME & ADDRESS OF VETERINARIAN Eidel: Equine Clinic Deidre Huff DVM 7796 White Point Rd Yonkers 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 PINLID /
NATIONAL ACCREDITATION NUMBER 010477	TEST TYPE AGID	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 2018-11-07
Deidre Huff DVM 2018-11-07 13:20:52 -06:00	

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 2018-11-07
-------------------------------------	------------------------------------	------------------------------

NAME OF HORSE Quicksilver Merida	ID1 Barn Name: Merida	ID2	ID3
COLOR Chestnut	AGE OR DOB 2017-03-08	BREED Welsh Pony	GENDER Filly



NARRATIVE DESCRIPTION:	OTHER MARKS AND BRANDS: None
HEAD: Black, MW@EL	NECK AND BODY: None
LEFT FORELIMS: Sock	RIGHT FORELIMS: None
LEFT HINDLIMS: Stocking	RIGHT HINDLIMS: Stocking

HORSE'S VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
------	------------------	---------	---------------	-----------------	-----------------

FOR LABORATORY USE ONLY

TECHNICIAN Netiah McClure	TUBE NUMBER 101418647-2	DATE RECEIVED 2018-11-08	DATE REPORTED 2018-11-10	TEST RESULTS Negative
------------------------------	----------------------------	-----------------------------	-----------------------------	--------------------------

TEST REMARKS

LABORATORY Antech Diagnostics, Inc. - Atlanta 4895 S. Atlanta Rd Smyrna, GA 30080	SIGNATURE OF TECHNICIAN 	Netiah McClure 2018-11-10 08:08:24 -06:00
--	-----------------------------	--