

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-13317522

This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — 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-13317522	DATE SIGNED 2018-03-27	LAB/ACCESSION NUMBER 18-L04347	COUNTY
NAME & ADDRESS OF OWNER Juan Ledgard 16211 Se 36th Ave Summerfield, FL 34491 Phone: 352-208-7003 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Ellis Traywick 14275 S Hwy 475 Summerfield, FL 34491 Phone:	NAME & ADDRESS OF STABLE/MARKET Juan Ledgard 16211 Se 36th Ave Summerfield, FL 34491 Phone: 352-208-7003 PIN/LID: /
VETERINARY LICENSE OR ACCREDITATION NO. 13416 - FL / 073903		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 <i>R. Ellis Traywick</i> Ellis Traywick DVM 2018-03-27 09:26:59 -05:00	SIGNATURE NAME Ellis Traywick DVM	DATE BLOOD DRAWN 2018-03-27
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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 Juan Ledgard	SIGNATURE DATE 2018-03-27
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NAME OF HORSE Spartacus	ID1	ID2	ID3
COLOR Chestnut	AGE OR DOB 2009-01-01	BREED Welsh Pony	GENDER Gelding



NARRATIVE DESCRIPTION:

HEAD: Star strip snip	OTHER MARKS AND BRANDS: /
LEFT FORELIMB: Pastern	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 Virginia Hill	TUBE NUMBER 1371162-5	DATE RECEIVED 2018-03-28	DATE REPORTED 2018-03-29	TEST RESULTS Negative
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TEST REMARKS

LABORATORY Equine Medical Center of Ocala 7107 West Hwy 326 Ocala, FL 34482	SIGNATURE OF TECHNICIAN <i>Virginia Hill</i> Virginia Hill 2018-03-29 07:44:30 -05:00
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NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com. Please address any questions related to this document with your state or issuing state veterinarian's office.