



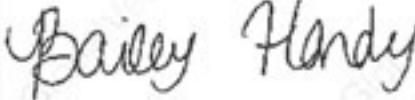


GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-13302517	
This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory —GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-13302517	DATE SIGNED 2018-03-23	LAB/ACCESSION NUMBER 24155	COUNTY Cumberland		
NAME & ADDRESS OF OWNER Marilyn Uslick 507 Argyll Rd. Fayetteville, NC 28303 Phone: 910-867-0295 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Brian Garrett 3109 Fort Bragg Rd Fayetteville, NC 28303 Phone: 910-323-1535		NAME & ADDRESS OF STABLE/MARKET Jerry King 6561 Parkton Road Parkton, NC 28371 Phone: 910-237-4523 PIN/LID: /	
VETERINARY LICENSE OR ACCREDITATION NO. 5232 - NC / 037433		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  Brian Garrett DVM 2018-03-23 08:16:06 -05:00			SIGNATURE NAME Brian Garrett DVM		DATE BLOOD DRAWN 2018-03-20
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 Marilyn Uslick		SIGNATURE DATE 2018-03-23
NAME OF HORSE Percy	ID1	ID2	ID3		
COLOR Chestnut	AGE OR DOB 2014	BREED Thoroughbred Horse		GENDER Neutered/Castrated Male	
					
NARRATIVE DESCRIPTION:					
HEAD: Connected star, stripe, snip to left nostril. Lower lip white.			OTHER MARKS AND BRANDS: /		
LEFT FORELIMB: Sock			RIGHT FORELIMB:		
LEFT HINDLIMB: Sock			RIGHT HINDLIMB: Sock		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Bailey Hardy		TUBE NUMBER 101559987-0	DATE RECEIVED 2018-03-26	DATE REPORTED 2018-03-27	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Equine Health Center, N.C. State 6045 US Highway One North Southern Pines, NC 28387			SIGNATURE OF TECHNICIAN  Bailey Hardy 2018-03-27 13:19:40 -05:00		