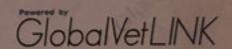


EIA-13626851



| SERIAL NUMBER EIA-13626851 | DATE SIGNED 2018-06-19 | Total Control | LABIACCESSION NUMBER ORCH00125589 | | COUNTY Pinellas | |
|--|---------------------------------|---|--|-----------------------------------|--|--|
| NAME & ADDRESS OF OWNER Ravenwood Farm S604 Oakridge Drive Palm Harbor, FL 34685 Phone: 727-787-7433 PIN/LID: / | | NAME & ADDRES Russell Equine Sp Ross T. Russell Dt 29319 Hadlock Dri Wesley Chapel, FL | NAME & ADDRESS OF VETERINARIAN Russell Equine Sports Medicine Ross T. Russell DVM 29319 Hadlock Drive Wesley Chapel, FL 33544 Phone: 859-421-5232 | | NAME & ADDRESS OF STABLE/MARKET Ravenwood Farm 5604 Onkridge Drive Palm Harbor, FL 34685 Phone: 727-787-7433 PIN/LID: / | |
| VETERINARY LICENSE OR ACCREDITATION NO. VM11031 - FL / 045941 | | TEST TYPE AGID | Commence of the Commence of th | | REASON FOR TESTING Annual | |
| CERTIFICATION OF FEI | DERALLY AGCREDITED VETERIN | IARIAN I certify the specimen submitte | d with this form was drawn by me | from the horse described below | on the day indicated below. | |
| | | | SIGNAT | TURE NAME Russell DVM | DATE BLOOD DRAWN 2018-06-18 | |
| 0 | | 9 | to the best of the formation and b | what this form is toon connect to | d consists | |
| CERTIFICATION OF OWNER OR OWNER'S AGENT I contry that I has SIGNATURE OF OWNER OR OWNER'S AGENT | | , | SIGNATURE NAME Ravenwood Farm | | SIGNATURE DATE 2018-06-19 | |
| NAME OF HORSE Diggle | ID1 | | ID2 | 103 | | |
| COLOR Bay | | AGE OR DOB 2008-01-01 | | | GENDER Neutered/Castrated Male | |
| | | N. T. | | - | - | |
| NARRATIVE DESCRIPT | | | | | | |
| NARRATIVE DESCRIPT | TON: | | OTHER MARKS AND BE | The State of | | |
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| NARRATIVE DESCRIPT HEAD: Star disconnecte LEFT FORELIMB: LEFT HINDLIMB: MBIES VACCINATION | TON: d strip | | OTHER MARKS AND BRIGHT FORELIMB: RIGHT HINDLIMB: | VANDS: / | | |
| NARRATIVE DESCRIPT HEAD: Star disconnecte LEFT FORELIMB: LEFT HINDLIMB: MBIES VACCINATION (PE | TION: d strip VACCINATION DATE | PRODUCT | OTHER MARKS AND BR | The State of | | |
| NARRATIVE DESCRIPT HEAD: Star disconnecte LEFT FORELIMB: LEFT HINDLIMB: MBIES VACCINATION | TION: d strip VACCINATION DATE | PRODUCT | OTHER MARKS AND BRIGHT FORELIMB: RIGHT HINDLIMB: | VANDS: / | E ADMINISTERED BY | |

LABORATORY

Antech Diagnostics, Inc. - Orlando 7415 Emerald Dunes Dr. Suite 1500 Orlando, FL 32822 SIGNATURE OF TECHNICIAN

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Eric Lovvorn 2018-06-21 05:32:53 -05:00