

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST EIA-13130559

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.

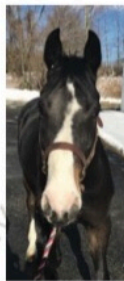
SERIAL NUMBER EIA-13130559	DATE SIGNED 2018-02-05	LAB/ACCESSION NUMBER 1801409537	COUNTY Litchfield
NAME & ADDRESS OF OWNER Janet Raslavicus 50 Wildpasture Road Kensington, NH 03833 Phone: 603-686-0170 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Jeremy Frederick 8 Rt 9 Fishkill, NY 12524 Phone: 352-327-1125	
NAME & ADDRESS OF STABLE/MARKET Kent School Stables 1 Macedonia Rd Kent, CT 06757 Phone: 8609275287 PIN/LID: /		VETERINARY LICENSE OR ACCREDITATION NO. Vet License State, NH, NOT found / 054141	
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 Jeremy D. Frederick DVM 2018-02-05 15:08:58 -06:00	SIGNATURE NAME Jeremy D. Frederick DVM	DATE BLOOD DRAWN 2018-02-05
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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 Janet Raslavicus	SIGNATURE DATE 2018-02-05
NAME OF HORSE Imperial	ID1 Barn Name: Fiero	ID2	ID3
COLOR Dark Bay/Brown	AGE OR DOB 2011-02-17	BREED Warmblood	GENDER Neutered/Castrated Male



NARRATIVE DESCRIPTION:

HEAD: Star, Strip, full blaze over nose and nostril, white lower lip. MWAEAL	OTHER MARKS AND BRANDS: / "W" inside of a shield on the Left hip.
LEFT FORELIMB: sock	RIGHT FORELIMB: None
LEFT HINDLIMB: Sock	RIGHT HINDLIMB: Sock, black spots around coronary band

RABIES VACCINATION

TYPE Booster	VACCINATION DATE 2018-02-05	PRODUCT Imrab 3	SERIAL NUMBER 12623	EXPIRATION DATE 2018-06-08	ADMINISTERED BY Dr. Jeremy Frederick
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FOR LABORATORY USE ONLY

TECHNICIAN Melissa Anyon	TUBE NUMBER 101481361-0	DATE RECEIVED 2018-02-06	DATE REPORTED 2018-02-07	TEST RESULTS Negative
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TEST REMARKS

LABORATORY IDEXX N. Grafton 3 Centennial Dr Suite 1 No. Grafton, MA 1536	SIGNATURE OF TECHNICIAN Melissa Anyon 2018-02-07 10:59:03 -06:00
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