
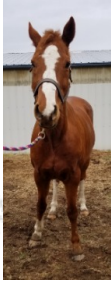



GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14303243	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-14303243	DATE SIGNED 2019-02-28	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Randy Thompson 5374 bayview Rd Langley, WA 98260 Phone: 206-794-0832 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Owens Equine Sarah Owens 9506 240th Ave NE Issaquah, WA 98027 Phone: 206-661-6005		NAME & ADDRESS OF STABLE/MARKET Tanya Thompson 4493 NE Stevens-Uhler Rd Poulsbo, WA 98370 Phone: 360-632-7110 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 028411		TEST TYPE		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 2019-02-27	
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 Randy Thompson		SIGNATURE DATE 2019-02-28
NAME OF HORSE Tricor	ID1	ID2	ID3		
COLOR Chestnut	AGE OR DOB 2011-03-01	BREED Appendix	GENDER Neutered/Castrated Male		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: star blaze and snip			NECK AND BODY: none		
LEFT FORELIMB: white dot at front of cannon			RIGHT FORELIMB: white to mid cannon		
LEFT HINDLIMB: white to upper cannon, scar on front of cannon			RIGHT HINDLIMB: white to upper cannon		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 102074080-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		