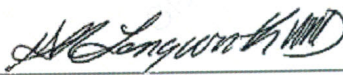



GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					EIA-14273399	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.						
SERIAL NUMBER EIA-14273399	DATE SIGNED 2019-02-20	LAB/ACCESSION NUMBER PXBC48353727	COUNTY			
NAME & ADDRESS OF OWNER Kat Tyler 6347 East Old West Way Cave Creek, AZ 85331 Phone: 480-575-3159 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN GR Longworth, VMD G.R. Longworth VMD 28150 North Alma School Pkwy Ste 103-301 Scottsdale, AZ 85262 Phone: 480-250-8439		NAME & ADDRESS OF STABLE/MARKET Kat Tyler 6347 East Old West Way Cave Creek, AZ 85331 Phone: 480-575-3159 PIN/LID: /		
NATIONAL ACCREDITATION NUMBER 045168		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  G.R. Longworth VMD 2019-02-20 17:23:40 -06:00					DATE BLOOD DRAWN 2019-02-20	
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 Kat Tyler		SIGNATURE DATE 2019-02-20	
NAME OF HORSE Don De Lila	ID1	ID2	ID3			
COLOR Bay	AGE OR DOB 2018-05-11	BREED Oldenburg	GENDER Female			
						
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: none			
HEAD: none			NECK AND BODY: none			
LEFT FORELIMB: coronet sock			RIGHT FORELIMB: none			
LEFT HINDLIMB: none			RIGHT HINDLIMB: sock			
RABIES VACCINATION						
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY	
FOR LABORATORY USE ONLY						
TECHNICIAN Chelci Winkels		TUBE NUMBER 102058934-0	DATE RECEIVED 2019-02-20	DATE REPORTED 2019-02-21	TEST RESULTS Negative	
TEST REMARKS P180110-002						
LABORATORY Antech Diagnostics, Inc. - Phoenix 8152 North 23rd Avenue Suite 3 Phoenix, AZ 85021			SIGNATURE OF TECHNICIAN  Chelci Winkels 2019-02-22 05:21:57 -06:00			