

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

EIA-13366893

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-13366893	DATE SIGNED 2018-04-06	LAB/ACCESSION NUMBER 18-0673	COUNTY Scott
NAME & ADDRESS OF OWNER Lauren Wood 14845 Wild Parkway NW Prior Lake, MN 55372 Phone: 507-288-3695 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Cleary Lake Veterinary Hospital Heidi Terwey DVM 18577 Natchez Avenue Prior Lake, MN 55372 Phone: 952-435-8387	
VETERINARY LICENSE OR ACCREDITATION NO. 3063 - MN / Fed Accred. 015823		TEST TYPE ELISA	NAME & ADDRESS OF STABLE/MARKET Golden Gate Farm 4125 Country Trail W. Jordan, MN 55352 Phone: 507-259-0618 PIN/LID: /
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 <i>Heidi Terwey, DVM</i>	SIGNATURE NAME Heidi Terwey DVM	DATE BLOOD DRAWN 2018-04-02
Heidi Terwey DVM 2018-04-06 08:28:39 -05:00		

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 Lauren Wood	SIGNATURE DATE 2018-04-06
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NAME OF HORSE Jasper	ID1 Registered Name: No Doubt About It	ID2	ID3
COLOR Black/White	AGE OR DOB 2003-01-01	BREED Quarter Horse	GENDER Neutered/Castrated Male



NARRATIVE DESCRIPTION:

HEAD: Blaze with lower lip	OTHER MARKS AND BRANDS: /
LEFT FORELIMB: None	RIGHT FORELIMB: Stocking
LEFT HINDLIMB: None	RIGHT HINDLIMB: None

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY

TECHNICIAN Kris Nissen	TUBE NUMBER 101587116-0	DATE RECEIVED 2018-04-02	DATE REPORTED 2018-04-02	TEST RESULTS Negative
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TEST REMARKS

LABORATORY
Cleary Lake Veterinary Hospital Lab
18577 Natchez Avenue
Prior Lake, MN 55372

SIGNATURE OF TECHNICIAN

Kris Nissen
2018-04-06 09:07:33 -05:00