

## EIA-14517375



GlobalVetLINK - EQUINE II	NFECTIOUS ANEMIA LA	BORATORY T	TEST			EIA-14517375	
GlobalVetLINK's eEIA test	t form contains all data fields	as found on fed		thout Adequate Descriptions Of The Ho	rse and Complete	Addresses Includ	ling Zip Codes, and Telephone
SERIAL NUMBER	DATE SIGNED		LAB/ACCESSION NUMB	Not Be Processed.	COUNTY	15/-	
EIA-14517375	2019-04-11		LABIACCESSION NOME	DEN	COUNTY	32	18,17
NAME & ADDRESS OF OV	WNER		NAME & ADDRESS OF	VETERINARIAN	NAME & ADD	RESS OF STAR	BLE/MARKET
Bailey West			Equine Veterinary Services of Central Texas Craig S. Niblett DVM		Bailey West 4275 Purgatory Rd.		
4275 Purgatory Rd. Canyon Lake, TX 78133			12301 Palisades Parkway		Canyon Lake, TX 78133		
Phone: 864-430-5170 PIN/LID: /			Austin, TX 78732 Phone: 512-289-3292		Phone: 864-430-5170 PIN/LID: /		
NATIONAL ACCREDITATION NUMBER			TEST TYPE		REASON FOR TESTING		
017090			Annual			(2)	
CERTIFICATION OF FEDERA	ALLY ACCREDITED VETERI	NARIAN I certify	y the specimen submitted with	this form was drawn by me from the ho	rse described belo	ow on the day indi	cated below.
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Craig S. Niblett DVM				DATE BLOOD DRAWN 2019-04-08			
Mary S. Kill			9:45:22 -05:00	Clor.	Clo.		Clor
CERTIFICATION OF OWNER	OR OWNER'S AGENT I cer	tifv that I have e	examined this form and, to the	best of my knowledge and belief, this fo	rm is true. correct	and complete	
SIGNATURE OF OWNER			,	SIGNATURE NAME	-,	SIGNATURE	DATE
				Bailey West		2019-04-11	
<u> </u>	12/2		1/2.	12/2		1/2.	(A)
NAME OF HORSE Julius	ID1			ID2		ID3	
COLOR Black		E OR DOB 14-01-01	\$ ·	BREED Dutch Warmblood	-1900)	GENDER Male	CIPC D.
						0 0	
NARRATIVE DESCRIPTIO	DN:	0,		OTHER MARKS AND BRANDS	S: None		0
HEAD: Snip				NECK AND BODY: None			
LEFT FORELIMB: None				RIGHT FORELIMB: Ankle			
LEFT HINDLIMB: Sock	4		\	RIGHT HINDLIMB: Sock		,L	
RABIES VACCINATION							
TYPE	VACCINATION DATE		PRODUCT	SERIAL NUMBER	EXPIRATION	DATE	ADMINISTERED BY
FOR LABORATORY USE (	ONLY		1	DO:	. ~		30.
TECHNICIAN		Olo.	TUBE NUMBER 102174535-0	DATE RECEIVED	DATE REPOR	RTED	TEST RESULTS
TEST REMARKS							
	- 76 N		-37	- 3636		1	
LABORATORY	17/2		illi.	SIGNATURE OF TECHNICIAN			
			10.	7/0.	1/20		7740.
		1900		-19 <sub>0.0</sub>	-70,00		~1000
		P.		0.	Q.		Q.

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