

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14517375	
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-14517375	DATE SIGNED 2019-04-11	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Bailey West 4275 Purgatory Rd. Canyon Lake, TX 78133 Phone: 864-430-5170 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Equine Veterinary Services of Central Texas Craig S. Niblett DVM 12301 Palisades Parkway Austin, TX 78732 Phone: 512-289-3292		NAME & ADDRESS OF STABLE/MARKET Bailey West 4275 Purgatory Rd. Canyon Lake, TX 78133 Phone: 864-430-5170 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 017090		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  Craig S. Niblett DVM 2019-04-11 19:45:22 -05:00				DATE BLOOD DRAWN 2019-04-08	
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 Bailey West		SIGNATURE DATE 2019-04-11
NAME OF HORSE Julius	ID1	ID2	ID3		
COLOR Black	AGE OR DOB 2014-01-01	BREED Dutch Warmblood	GENDER Male		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Snip			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: Ankle		
LEFT HINDLIMB: Sock			RIGHT HINDLIMB: Sock		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 102174535-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN		