

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 Numbers Will Not Be Processed.

SERIAL NUMBER EIA-14109401	DATE SIGNED 2019-01-02	LAB/ACCESSION NUMBER 81050016	COUNTY
NAME & ADDRESS OF OWNER R S & S EquiBiz R S & S EquiBiz 3597 Grasser Dr West Bend, WI 53095 Phone: (262) 707-3777 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Wisconsin Equine Clinic & Hospital Eric L. Gilmore DVM 39151 Delafield Road Oconomowoc, WI 53066 Phone: 262-569-1550	
NAME & ADDRESS OF STABLE/MARKET Secul Creek Farm FC4 1896 Hwy NN West Bend, WI 53095 Phone: (414) 688-8888 PIN/LID: /		REASON FOR TESTING Annual	
NATIONAL ACCREDITATION NUMBER 072698	TEST TYPE ELISA		

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
 Eric L. Gilmore DVM
2019-01-02 08:27:50 -06:00

DATE BLOOD DRAWN
2018-12-28

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 R S & S EquiBiz R S & S EquiBiz	SIGNATURE DATE 2019-01-02
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NAME OF HORSE BizE	ID1 Barn Name: Beau	ID2	ID3
COLOR Bay	AGE OR DOB 2013-01-01	BREED Thoroughbred	GENDER Gelding



ARRATIVE DESCRIPTION:

HEAD: Star, snip

LEFT FORELIMB: None

LEFT HINDLIMB: Pastern

OTHER MARKS AND BRANDS: None / None

NECK AND BODY: None

RIGHT FORELIMB: Pastern

RIGHT HINDLIMB: Pastern

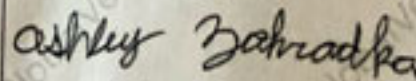
IMMUNIZATIONS VACCINATION

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

TECHNICIAN Ashley Zahradka	TUBE NUMBER 101977772-0	DATE RECEIVED 2019-01-03	DATE REPORTED 2019-01-03	TEST RESULTS Negative
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ADDITIONAL REMARKS

SIGNATURE OF TECHNICIAN
 Ashley Zahradka
2019-01-03 08:21:06 -06:00