



| GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY | TEST | | EIA-145227 | ² 47 |
|---|--|---------------------------------|--|----------------------------------|
| GlobalVetLINK's eEIA test form contains all data fields as found on fe | | | orse and Complete Addresses Inc | cluding Zip Codes, and Telephone |
| SERIAL NUMBER | LAB/ACCESSION NUMBI | lot Be Processed. | COUNTY | |
| NAME & ADDRESS OF OWNER | NAME & ADDRESS OF V | ETERINARIAN | NAME & ADDRESS OF ST | ABLE/MARKET |
| Amy Patterson 8633 Hayes St Indianola, IA 50125 Phone: (970) 986-9208 PIN/LID: / | lowa Equine, LLC Stephanie White 53896 IA-210 Huxley, IA 50124 Phone: (844) 238-1840 | Clor | Amy Patterson 8633 Hayes St Indianola, IA 50125 Phone: (970) 986-9208 PIN/LID: / | Clor |
| NATIONAL ACCREDITATION NUMBER 027126 | TEST TYPE | 1/2 | REASON FOR TESTING Annual | 4 |
| 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 Stephanie White 2019-04-12 15:54:59 -05:00 | | Clopying | DATE BLOOD DRAWN 2019-04-12 | |
| CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have | | | | |
| SIGNATURE OF OWNER OR OWNER'S AGENT | | SIGNATURE NAME Amy Patterson | SIGNATUR 2019-04-12 | |
| 4. 4 | 1 | - Lat | | te. |
| NAME OF HORSE Suzy Q | , 6-4 | ID2 | ID3 | |
| COLOR AGE OR DOB 2016-01-01 | > | BREED Quarter Horse | GENDER Female | Clop's. |
| | | | | |
| NARRATIVE DESCRIPTION: | | OTHER MARKS AND BRANDS: None | | |
| HEAD: star, strip, snip | | NECK AND BODY: None | | |
| LEFT FORELIMB: White spot on back of pastern | | RIGHT FORELIMB: sock | | |
| LEFT HINDLIMB: None | 14 | RIGHT HINDLIMB: sock | 14- | 1/2, |
| RABIES VACCINATION | Leave | | | |
| TYPE VACCINATION DATE | PRODUCT | SERIAL NUMBER | EXPIRATION DATE | ADMINISTERED BY |
| FOR LABORATORY USE ONLY TECHNICIAN | TUBE NUMBER 102177058-0 | DATE RECEIVED | DATE REPORTED | TEST RESULTS |
| TEST REMARKS | 1/- | 1 | tes. | 1/20 |
| LABORATORY | No. | SIGNATURE OF TECHNICIAN | 1 | emme DeVore 17 11:37:23 05:00 |

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