

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14522743	
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-14522743	DATE SIGNED 2019-04-12	LAB/ACCESSION NUMBER	COUNTY		
NAME & ADDRESS OF OWNER Amy Patterson 8633 Hayes St Indianola, IA 50125 Phone: (970) 986-9208 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Iowa Equine, LLC Stephanie White 53896 IA-210 Huxley, IA 50124 Phone: (844) 238-1840		NAME & ADDRESS OF STABLE/MARKET Amy Patterson 8633 Hayes St Indianola, IA 50125 Phone: (970) 986-9208 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 027126		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  Stephanie White 2019-04-12 15:53:10 -05:00				DATE BLOOD DRAWN 2019-04-12	
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 Amy Patterson		SIGNATURE DATE 2019-04-12
NAME OF HORSE Dekara	ID1	ID2	ID3		
COLOR Black	AGE OR DOB 2007-01-01	BREED Oldenburg	GENDER Female		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: None			RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN		TUBE NUMBER 102177018-0	DATE RECEIVED	DATE REPORTED	TEST RESULTS
TEST REMARKS					
LABORATORY			SIGNATURE OF TECHNICIAN  Cileen Kemme DeVore 2019-04-17 11:07:15 -05:00		